



# **Open Arms, Inc.**

## Mission Statement

It is the mission of Open Arms, Inc., to bring healing, hope and help to children, adults and their families in need of support, intervention and prevention as a result of child abuse in all its forms.

Open Arms, Inc. is an equal opportunity employer.

**NOTICE TO APPLICANTS**

***PLEASE READ EACH PAGE CAREFULLY!***

WHEN YOU RETURN YOUR APPLICATION, WE WILL NEED A COPY OF :

- DRIVERS LICENSE
- SOCIAL SECURITY CARD
- PROOF OF AUTO INSURANCE
- HIGHEST COMPLETION OF EDUCATION DIPLOMA OR TRANSCRIPT

**PLEASE BE SURE YOUR APPLICATION IS FILLED OUT IN ITS ENTIRETY.**

WE CANNOT ACCEPT YOUR APPLICATION IF YOU DO NOT HAVE THE ITEMS LISTED ABOVE FOR US TO COPY AND ATTACH TO THE APPLICATION.

*If chosen for employment with Open Arms, Inc. applicants will be responsible for providing a background check within 3 days. The cost is \$20.00*

***INCOMPLETE APPLICATIONS WILL BE DISCARDED***

Employment Application

**Open Arms, Inc.**

420 Pine Avenue  
Albany, Georgia 31701

**Applicant's Information**

First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Nickname \_\_\_\_\_  
Maiden Name \_\_\_\_\_  
Other name used \_\_\_\_\_

**Social Security Number**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DOB**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Phone Number**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
County \_\_\_\_\_

**Email**

\_\_\_\_\_

**Alternate Phone Number**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work       Cell       Other

Are you a US citizen:    \_\_\_ Yes    \_\_\_ No

**Recruitment Information**

Position Applying For

Available to Work     Full-time       Part-time

Or Specify Shift Preferences     1<sup>st</sup> Shift       2<sup>nd</sup> Shift       3<sup>rd</sup> Shift

Other(s) \_\_\_\_\_

What days and hours are you available to work?

Mondays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)

Tuesdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)

Wednesdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)

Employment Application

- Thursdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)
- Fridays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)
- Saturdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)
- Sundays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)

**How did you learn about this company and position?**

- Job advertisement (identify publication or other media): \_\_\_\_\_
- Employee referral (identify employee): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

Have you previously worked at our company?  Yes  No

If yes, under what conditions did you leave employment before? \_\_\_\_\_  
\_\_\_\_\_

**Education**

For each level of schooling below, please write the school name, the city and state where it is located, your major and minor subjects, the degree or diploma you received and year of completed (if currently attending school state expected year of completion).

High School \_\_\_\_\_

College 1 \_\_\_\_\_

College 2 \_\_\_\_\_

Graduate School \_\_\_\_\_

Business, Trade, or Other Schools \_\_\_\_\_

Professional Licenses/Certification(s) \_\_\_\_\_

Skills: \_\_\_\_\_

Employment Application

**Work History**

Starting with your current or most recent employer, please provide employment for the past **(10) TEN YEARS**. Please explain any gaps in your employment history using a separate piece of paper if necessary. If you were unemployed or attending school please indicate it in this section. Failure to fill out this section completely, will lead to disregarding your application. Even if you have already submitted a resume, please complete this section in full. Please list any interns, externs, or volunteer work experience.

**Employer 1 (current or most recent)**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title(s) Held \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Name of Immediate Supervisor(s) \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact This Employer?  Yes  No

**Employer 2**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title(s) Held \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Name of Immediate Supervisor(s) \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact This Employer?  Yes  No

## Work History

### Employer 3

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title(s) Held \_\_\_\_\_

Job Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Immediate Supervisor(s) \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact This Employer?     Yes     No

### Employer 4

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title(s) Held \_\_\_\_\_

Job Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Immediate Supervisor(s) \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact This Employer?     Yes     No

### Employer 5

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title(s) Held \_\_\_\_\_

Job Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment Application

Name of Immediate Supervisor(s) _____ Phone Number: (____) _____	
Reason for Leaving: _____	
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer 6	
Company Name _____	
Address _____	
Dates Employed From: _____ To: _____	Job Title(s) Held _____
Job Responsibilities _____	
_____	
Name of Immediate Supervisor(s) _____ Phone Number: (____) _____	
Reason for Leaving: _____	
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Applicant Consent</b>	
Please carefully read the statements below and initial each one to indicate that you understand and agree to the terms stated. Then sign this form at the bottom.	
_____	I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or providing deliberate misinformation will disqualify my application and, if hired, would serve as grounds for dismissal.
_____	I give consent to <b>Open Arms, Inc.</b> to contact the employers listed on this form for my employment references. I authorize these individuals to provide truthful information regarding my employment and previous work experience. In doing so, I waive liability against the employers and individuals contacted as my references, provided the information they supply is honest, factual and given without malice.
Applicant's Signature _____	Date _____
<b>Company Purposes Only</b>	
Interviewer's Signature _____	Date _____

## REFERENCES

(Please include 2 work/professional and 1 personal)

<b>Name</b>	<b>Name</b>	<b>Name</b>
<b>Title</b>	<b>Title</b>	<b>Title</b>
<b>Address</b>	<b>Address</b>	<b>Address</b>
<b>Phone</b>	<b>Phone</b>	<b>Phone</b>
<b>Relationship</b>	<b>Relationship</b>	<b>Relationship</b>

Have you ever been arrested, pled "guilty" or "no contest" to, or been convicted of a crime?

Yes \_\_\_\_\_ No \_\_\_\_\_

*Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration.*

If yes, please provide date(s) and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been sentenced to perform community service?    \_\_\_ Yes    \_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with driving under the influence or driving while intoxicated? \_\_\_\_  
if yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

*I certify that all of the answers in this application are correct. I understand that if I have ben untruthful during any part of my interview/orientation process I will be terminated immediately.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



Please Read Carefully, Sign and Date

**I, \_\_\_\_\_, as staff, contractor or volunteer of Open Arms, Inc., do solemnly swear that I have never been accused of, charged with, or convicted of any crime against a minor child, including but not limited to physical abuse, sexual abuse, neglect, child endangerment, or threatened harm.**

**I understand that a criminal records check will be submitted immediately following the beginning of my association with Open Arms, and that my association is contingent upon a clear record.**

**I further understand that if any time throughout my association I am accused of, charged with or convicted of any crime I am to report the incident in writing immediately and not more than three days following the incident to the *Executive Director*. Specifically, any crime a child/children will result in immediate termination from the organization.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## “NO ABUSE” STATEMENT

Required by

Department of Human Resources

BY SIGNING BELOW, AT THE TIME OF APPLICATION WITH OPEN ARMS, INC., I AM SIGNING THAT I HAVE:

Never been shown by credible evidence (such as decision of the court or jury, or a department investigation or other reliable evidence) to have abused, neglected, sexually exploited, or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.

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Signature of Applicant

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Date

## ASSURANCE STATEMENT

As a new employee of Open Arms, In., I do hereby agree to the following:

1. I do hereby understand and agree that I will read policies and procedures that govern the program that I am assigned and be familiar enough to implement them at all times.
2. I do hereby understand and agree that I will take my position seriously and work diligently to carry out my duties in a professional manner at all times.
3. I understand and agree that if at any time I feel incapable of performing my duties I will immediately notify my supervisor.
4. I do hereby understand and agree that it is my personal and professional responsibility to attend all scheduled and emergency called staff meetings. I understand that if I fail to do so for any reason that I may be subject to one or all the following disciplinary procedures: Verbal warning, written reprimand, probation, suspension without pay, and/or termination.
5. I do hereby understand and agree that I will need to take personal responsibility to learn not only the organizational chart, but my supervisors' name, position, and office hours. I further agree that if at any time I feel in need of assistance I will ask.
6. I understand and agree that I will receive a 6 month evaluation a 12month evaluation and an annual review thereafter.
7. I do hereby understand and agree that I will not smoke while on the job or in the presence of any client served by the Open Arms organization.
8. I understand and agree that I will be issued a name tag, keys, and possibly a pager/cell phone to carry out my duties. I further understand that I will return such items in the same condition received at the time of my separation from the organization. I also understand that all items lost will have a cost to replace which I will be responsible for. In addition, I agree to return to the organization all items signed out to me and I realize that my last paycheck may be held until I do so.

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Employee Signature

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Date

## DRUG FREE WORKPLACE

The unlawful manufacture, distribution dispensation, possession or use of controlled substance is prohibited on the premises of Open Arms, Inc.

Any employee of Open Arms knowingly involved in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance will be subject to disciplinary action which could include a five – day suspension without pay or immediate dismissal from employment with Open Arms as determined appropriate by the Executive Director.

I am aware that I may be subject to random drug testing(s) to be requested at the discretion of the Executive Director.

I agree to abide by this policy and understand that I am subject to the disciplinary actions listed, should I violate this policy.

I further understand that I am required to notify the Executive Director of any criminal drug or alcohol statue conviction I may receive.

I have read and understand the above stated policy of Open Arms.

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Employee Signature

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Date

# CONFIDENTIALITY STATEMENT

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I, \_\_\_\_\_, as a staff member of Open Arms, Inc.,

understand that I may not reveal confidential information learned or obtained while employed by Open Arms, Inc. I also understand that divulging such information as

I may learn about a client(s) to other than authorized person that is Department of Family and Children Services (DFCS), investigation officers, and Open Arms associates, is cause for immediate termination and may result in legal action.

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Employee Signature

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Date



## Complaints and Grievances

Open Arms request that complaints are first addressed with the supervisor. Complaints regarding violation or misapplication of statutes, policies, rules, or regulations can be addressed with the Executive Director of Open Arms, Inc.

A grievance is an expression of dissatisfaction relation to wages, hours work, the administration of personnel policies, perceived unfair or inequitable treatment or discipline, or other conditions of employment.

It is the policy of Open Arms, Inc., and its programs that employees receive fair and equitable treatment, to provide employees with an easily accessible procedure for expressing dissatisfaction and to foster sound employee-supervisor relations through communication and ultimate reconciliation of work related problems.

The Executive Director is responsible for making certain that you have knowledge of and understand the grievance procedure without fear of criticism or action taken against the employee (s) filling the grievance(s). The grievance procedure is as follows:

1. Discuss grievance first with your supervisor.
2. A written summary of the complaint, facts and information should be made by your supervisor.

If a mutually agreeable conclusion can not be reached, that information should be brought to the attention of the Executive Director and the Peer Panel Review. If the Peer Panel Review and/or Executive Director are unable to resolve the problems, the employee can request that the information be forwarded to the Board of Directors for review and final resolution.

By signing below, I acknowledge that I understand Open Arms, Inc. policy on handling grievances.

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Signature

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Date

PLEASE READ BEFORE SIGNING

I hereby certify that all the information contained on this application for employment is true and correct.

I authorize Open Arms, Inc., to contact all sources necessary to verify this information.

I understand that any misrepresentation or omission of information is a cause for dismissal, should I be employed.

Open Arms, Inc., is an equal opportunity employer.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resource/Program Director

\_\_\_\_\_  
Date



## Auto Insurance

I, \_\_\_\_\_ do hereby confirm that I am insured with \_\_\_\_\_ Automobile insurance company. In addition, I certify that I have notified my insurance carrier of my position with Open Arms, Inc., (in one of the following programs: The Bridge, Transitional Living Program (TLP), After-Care, and Rhymis) and may on occasion and/or emergency situations be call upon to transport (no more than 3) passengers in my personal vehicle.

I have attached a copy of my current insurance card. I realize it is my responsibility to furnish Open Arms, Inc. with any and all updated or new insurance cards/information to Human Resource or Main office.

I further understand that a good driving record is a condition of my employment and that I must report any and all traffic violations to my supervisor immediately. I clearly understand that a "good" driving record will be defined by Howard, Bentulett, and Bishop and not by my self or the Bridge, TLP, After-Care and Rhymis.

By accepting employment with Open Arms, Inc., I give the administration my permission to request and review my department or motor vehicle driving record/history at least once per year or often as necessary to assure my employment.

Full Name: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy No: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Year and make of insured car: \_\_\_\_\_

## Consent Form

I hereby authorize Open Arms, Inc., to receive criminal history record information pertaining to me which maybe in the files of any state or local criminal justice agency Georgia.

DDS-18 (1/10)

**PLEASE PRINT**

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Address:	P.O. Box	
_____	_____	_____
City	State	Zip Code
_____	_____	_____
Sex	Race	Date of Birth
_____	_____	_____
Social Security Number		
_____		
Signature		
_____		
Witness		Date
_____		_____

## Child Abuse Policy

Working with children who have been abused is a very demanding job filled with its difficult times and rewards.

### Allegations of Abuse

One of the difficulties in working with abused children is that there is constant RISK of employee being accused of abusing a child in our care. In the event that an allegation of abuse is made against an employee the following must be done immediately:

1. Document the child's allegation immediately.
2. Always believe the child is telling you the truth and act accordingly.
3. Notify the Executive Director Immediately.
4. The allegation needs to be reported to DFCS intake and law enforcement.
5. The staff member that has been alleged will be temporarily suspended with pay pending an investigation.
6. If the case is determined to be unfounded the employee will resume work as scheduled. If the case is determined to unconfirmed to indicate the employee will be suspended without pay from his/her position until the case is determined unfounded., If the is determined to be founded the employee will be terminated immediately.
7. Please remember, abused children have experienced a life of confusion and hurt. If an allegation is made against you and you are innocent, try not to take the allegation personally. Open Arms will support your proven innocence in any way it. The issues surrounding an allegation will be dealt with after the proper investigation is completed.

### Reporting Child Abuse

All employees of Open Arms are mandatory reporters of any suspected child abuse, its any of its forms. Georgia State Statues mandate prosecution of those mandatory reporters who have knowledge of, or suspect abuse or neglect and do not report to appropriate authorities. It is not the responsibility of Open Arms employees to determine where abuse or neglect occurred.

If a child receiving services from Opens and it programs discloses/reports any form of physical, sexual, or an other form of abuse or neglect to a staff member it must be documented. If the information is/was not previously known to staff, it again needs to be documented and the DFCS worker or agency and law enforcement need to be notified as soon as possible.

Please remember, you can be the one to save a child from abuse. Reporting any and all suspected abuse should be a part of your overall philosophy. Encourage others to do their part in the protection of children.

Albany Police Department:

(229) 430-6600

Dougherty County Dept. of Family & Children Services

(229) 430-4118

Child Abuse Hotline:

(229) 430-5060

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Signature

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Date



## Employment Requirements

Upon being hired by Open Arms all employees are required to have the following items completed within two weeks:

- A Physical Examination
- Drug- Screening Test
- TB-Test
- Finger Printing, Local Background Check, and Child Abuse Registry

I, \_\_\_\_\_ acknowledge that if hired by Open Arms Inc. I am responsible for the cost of the required physical, drug-screening test, TB-Test and Finger Printing.

I am aware that the cost will be divided in equal payments and deducted from my payroll check until the required cost is paid in full.

I am also aware that I am required to keep my scheduled appointment.

Open Arms, Inc., payroll will notify person(s) before deductions are made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date