Kittrell Job Corps Center



Advanced Human Services Worker Program



Kittrell Job Corps Center • 1096 US Highway #1 South • Kittrell, NC 27544 • Phone (252) 438-6161

Dear Job Corps Staff and/or Applicant,

First of all, I want to Thank You for taking the time to reach out to me about the Advanced Human Services Program. Sending Centers please identify students you would like to see working on your Center or working at another Job Corps Center as a Residential Advisor.

The goal of the ARA program:

The ARA program will train these students and return them to you approximately 6 months later with on the job training hours. These now former students will be fully trained, certified and ready to work as a Residential Advisor. Our approach is teaching the students by using this basic philosophy, “We are not training Job Corps students, we are training co-workers”!

Upon completion of ARA, the students will be certified in one or more of the following areas:

* Managing Aggressive Behavior – National Resource Center for Youth Services, University of Oklahoma
* Residential Child and Youth Care Professionals – The National Resource Center for Youth Services, University of Oklahoma
* Ethics for Youth and Child Care Practitioners – Texas Youth and Child Care Workers Association
* CPR / First Aid- American Red Cross
* Residential Advisor On-Line Training

**Places of employment include, but are not limited to:**

* Job Corps Centers
* Psychiatric Hospitals
* Residential Treatment Centers serving abused and neglected children
* Wilderness camps
* College Dormitories
* Private Boarding Schools- live-in R.A.
* State Schools for Developmentally Delayed persons
* State Hospitals for Mentally Ill persons
* Drug and Alcohol Rehabilitation Centers
* Neuro-Psychiatric centers serving head injury patients
* Children’s Emergency Shelters
* Battered Women’s Shelters
* Recreational facilities including City recreation Centers, Boys and Girls Clubs and YMCA
* Group homes for Developmentally Delayed/Mentally Ill persons
* Homeless Shelters
* Camp Counselors
* Veteran Hospitals

**After completion of the Residential Advisor Training Program, the students will have the qualifications to work with many different populations, including but not limited to:**

* Disabled
* Elderly
* Addictions
* Corrections
* Recreation
* Rehabilitation (Therapeutic)
* Veterans Services
* Mental Health
* Homeless
* Children and Youth
* Abused
* Developmentally Delayed
* Refugees

**Entry Requirements**

• Must be 19 and 1/2 years of age.

• Must have a current, valid driver’s license.

• High School diploma or G.E.D.

• TABE: Reading 5 or minimum (If a student transfers with a EFL below a 5 in math and/or reading they will be subject to be scheduled in a TABE class and is required to attend tutoring after the training day.)

• Completion of a trade from your originating Job Corps Center.

• A current background check from your State Department of Public Service or equivalent organization.

• No convictions higher than a Class C Misdemeanor, no Drug Related Convictions, No Domestic Violence, Assault or Offenses against the Person Convictions, No Sexual Offense Convictions, No Theft Convictions

**Crosswalk for Job Training Matches:**27305AA XW RESAD-500-OJC-09 Adv Residential Advisor

* 11-9151.00 Social and Community Service Managers
* 21-1092.00 Probation Officers and Correctional Treatment Specialists
* 21-1093.00 Social and Human Service Assistants
* 25-3021.00 Self-Enrichment Education Teachers
* 29-2051.00 Dietetic Technicians
* 39-3091.00 Amusement and Recreation Attendants
* 39-3093.00 Locker Room, Coatroom, and Dressing Room Attendants
* 39-9011.00 Childcare Workers
* 39-9032.00 Recreation Workers
* 39-9041.00 Residential Advisors
* 41-2022.00 Parts Salespersons
* 43-5081.01 Stock Clerks, Sales Floor
* 99-AMER.CO AmeriCorps
* 99-NCCC.00 National Civilian Community Corps

If you have any additional questions please feel free to contact me.

Danielle Y. Williams, *M.B.A.*

Kittrell Job Corps Center

1096 US Hwy 1 South

Kittrell NC 27544

[Williams.danielle.x@jobcorps.org](mailto:Williams.danielle.x@jobcorps.org)

1-252-438-6161 EXT. 1639127

Human Service Worker Application: Please print all information.

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Entry to current center:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trade & Completion Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HSD / GED (circle one) Date achieved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sending Center/Staff Information**

Sending Center:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date application sent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sending Center staff contact name:

Phone number (with ext. if applicable): (\_\_\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ext.:\_\_\_\_\_\_\_\_\_\_\_

Staff center email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant’s Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature & Date

**CHECKLIST**

**Please send all information in one packet to:**

**Kittrell Job Corps Center**

**c/o Arlene Somerville, Records Supervisor**

**Danielle Y. Williams, AHSW Instructor**

**1096 US Hwy 1 South**

**P.O. Box 278**

**Kittrell NC, 27544**

**APPLICATION COMPONENTS**

* + - * 1 Essays---(attach each on a separate paper, minimum of 150 words each)
* Essay # 1---Who has made a positive impact on your life? This person may be a relative, friend, mentor, historical figure etc. You must include the nature of your relationship this person, the influence they had/have on you, and what you learned from your interaction with them. Please explain in detail why you are interested in the H.S.W., Advanced Training Program at Kittrell. Please include the qualities that make you a strong candidate, what you plan to offer to the HSW program, how you plan to apply the skills you will obtain to your future employment and your employment and housing plan when you complete Kittrell (do you plan to relocate or return to home area).
  + - * At least 20 years, 6 months old (at submission of application)
      * Trade completion date (must be trade complete at time of application)
      * TABE – Student cannot be enrolled in TABE classes
      * 2-Separate References letters (refer to form below) **---**Reference Criteria:

1. Sending Center staff who have known the applicant for at least 6 months (not the Center Director/CSIO/or relative of applicant)
2. Have the capacity to speak to the applicant’s professional strengths and weaknesses.
   * + - Letter of recommendation/approval signed by the Center Director
       - Commitment of Completion
       - Student Conduct Profile Report (through date application sent)
       - Current student profile- 640
       - Separation Pay Advanced Report

* Letter of recommendation form Counselor/Career Manager with attachments:
* Last three performance evaluations (ESP’s)
* Updated Personalized Career Development Plan (PCDP)
* WBL Hours and letter of performance
* CIS Case Notes (from date of enrollment)
* Leadership Certifications
  + - * + Copy of GED or High School Diploma
        + Copy of certifications obtained
        + Copy of Valid Driver’s License- this is a requirement for acceptance
        + Updated Resume
        + Medical Summary Form

**REFERENCE FORM (2 forms must be submitted)**

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate (circle) applicant’s skills for the following areas:

1. Attendance---leaves, AWOLs, class cuts, etc.

5=Excellent 4=Above Average 3=Average 2=Below Average 1=Unsatisfactory

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Teamwork---how well does applicant work in a group setting

5= Excellent 4=Above Average 3=Average 2=Below Average 1=Unsatisfactory

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Diversity--how well does applicant work in diverse community & with people of diverse backgrounds

5=Excellent 4=Above Average 3=Average 2=Below Average 1=Unsatisfactory Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Communication--how well does applicant communicate with staff, peers, etc.

5=Excellent 4=Above Average 3=Average 2=Below Average 1=Unsatisfactory Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Leadership—how well does applicant take initiative and positively influence others

5= Excellent 4=Above Average 3=Average 2=Below Average 1=Unsatisfactory

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please provide additional info to support applicant’s candidacy (strengths, areas for

improvement, achievements, skills, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Staff Signature Date

**Counselor/Career Manager Recommendation**

Sending Center:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Name and Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Information:

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant DOE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a summary of the applicant’s accomplishments on your center. Also include information from vocation, academics and residential living, and comments pertaining to the applicant’s ability to relate to directing peers, leaderships skills and ability to work with diverse population. Please attach additional sheets if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the attached documents are current and correct:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING:**

**Last three performance evaluations (ESP’s)**

**Updated Personalized Career Development Plan (PCDP)**

**WBL Hours**

**CIS Case Notes (from date of enrollment)**

**Leadership Certifications**

**Commitment of Completion**

I, acknowledge that upon my acceptance into the Kittrell Job Corps Advanced Human Services Worker Program, I commit to completing the Advanced Human Service Worker Program. I understand that my decision to accept the invitation to Advanced Human Service Worker Program is voluntary, and I will adhere to all the policies and procedures administered by the Kittrell Job Corps Center.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sending Center Staff Signature Date

**STUDENT TRANSFER SUMMARY CHECKLIST**

Complete summary and forward to the receiving center at least 2 weeks prior to student arrival (refer to PRH-6: 6.4, R2(c)).

**Trainee Name:**   **DOB:** **Age:** **CIS ID#:**

**Date of Entry:**  **Transferring Center:**

**Date of Transfer:**  **Receiving Center:**

**Insurance:**

**Allergies:**

**Medication and Dosage:**

**Chronic Illness(es):**

**Upcoming appointments (if applicable):**

**MEDICAL**

**Date of last Physical Exam:**

**Height:**  **Weight:** **BMI:**

**Vision Exam:** **** Contacts **** Glasses **Color deficit:** **** Yes **** No

**Hearing Exam:**

**Cleared for Full Program/Sports: ** Yes **** No **Date Cleared:**

**Activity Restrictions:**

**Date of Last Td or Tdap:**

**Date of Last PPD:** **** Positive **** Negative **Last CXR:**

**TB Treatment Received/completed:**

**Medical Summary:**

*Center Physician Signature: Date:*

**ORAL HEALTH**

**Dental Priority Classification:**  Priority 3  Priority 4

**Last dental appointment within 1 month before transfer date:**

**Orthodontics: ** Yes **** No **If yes, date of last orthodontic visit:**

**Address and telephone number of orthodontic office after student transfers:**

**Dental Summary, including treatment needs:**

*Center Dentist Signature: Date:*

**TEAP**

**Entry Toxicology:**  **** Negative **** Positive **If positive, list drugs:**

**Suspicion Testing Dates/Results:**

**Alcohol Incidents:**

**Attended TEAP Intervention Services?** **** Yes **** No **Dates:**

**TEAP Summary:**

*TEAP Specialist Signature: Date:*

**MENTAL HEALTH**

**Mental Health Diagnoses:**

**Last CMHC Appointment, if applicable:**

**Provide date(s) of leaves/MSWRs for mental health related reasons:**

**Mental Health Summary:**

*CMHC Signature: Date:*

**DISABILITY/ACCOMMODATIONS**

**Disability/Accommodations Summary:**

*Disability Coordinator Signature: Date:*

*HWM Signature: Date:*

*Center Director Signature: Date:*