

Ever Wished For That Perfect Opportunity? It's Here!

SLP, SLPA, PT, PTA, OT, COTA
PEDIATRICS, ADULTS, GERIATRICS
ALL SETTINGS



BENEFITS:

WORK WITH A SOCIALLY RESPONSIBLE, FAMILY ORIENTED PRACTICE
MEDICAL INSURANCE
VISION AND DENTAL INSURANCE
AVAILABLE LIFE, SHORT AND LONG TERM DISABILITY, CANCER, AND
ACCIDENT INSURANCES
COMPETITIVE COMPENSATION PROGRAM
ANNUAL LOYALTY BONUS
RELOCATION/BONUSES FOR CERTAIN OPPORTUNITIES
SCHOLARSHIP PROGRAM
PROFESSIONAL LIABILITY INSURANCE
RETIREMENT PLAN
MILEAGE REIMBURSEMENT
CEUS PROVIDED FREE TO FULL TIME SLP STAFF
FLEXIBLE SCHEDULING
THERAPY SUPPLIES AND TEST FORMS

TESTIMONIALS: "THEY DON'T CARE HOW MUCH YOU KNOW UNTIL THEY KNOW HOW MUCH YOU CARE, AND CAREWORKS CARES. CAREWORKS CARES FOR THEIR EMPLOYEES. I WAS HESITANT TO JUMP BACK INTO THE WORK FORCE AFTER HAVING MY SECOND BABY. I KNEW I WANTED TO GET BACK INTO DOING WHAT I LOVE, BUT I NEEDED FLEXIBILITY AND UNDERSTANDING. THE STAFF AT CAREWORKS GAVE ME BOTH; MY SCHEDULE IS FLEXIBLE AND THE STAFF UNDERSTANDS MY DESIRE FOR A SMALL CASELOAD AT THIS TIME. AS MY CHILDREN GET OLDER, I LOOK FORWARD TO ADDING TO MY CASELOAD AND INCREASING TO A FULL TIME POSITION. I ENJOY THE FRIENDLY STAFF, THE HELPFUL OWNERS, THE COMMON SENSE PROTOCOL, AND THE COMPETITIVE WAGES CAREWORKS OFFERS. I RECOMMEND THIS WONDERFUL COMPANY TO RECENT GRADUATES, SEASONED PROFESSIONALS, PART-TIMERS AND ANY OTHER SLP LOOKING FOR A GREAT PLACE TO WORK. GERI H., MS, CCC-SLP

Call Kathy Heath 252 758 7048

Email: Careers@Careworks.org

CareWorks, Inc. 1330 East Arlington Boulevard, Suite A
Greenville, NC 27858
www.careworks.org

December 3, 2010

To Whom It May Concern:

I would like to introduce our company to your prospective Speech Language Pathology graduates. CareWorks is a private owned company that offers therapy services in many settings including outpatient clinics, schools, daycares, headstart programs and more. Our company has over 18 years experience offering qualified and effective services to our patients. We are located in Eastern North Carolina and we serve the areas from the Majestic Mountains to the beautiful Crystal Coast. We offer our employees many benefits including health, vision, and dental insurance, a retirement plan, relocation/sign-on bonus and much more. We offer fulltime CFY positions and provide them with a qualified, experienced CF Supervision. We follow NC State Licensure guidelines, which far exceed ASHA guidelines. CFYs will meet both requirements in the same 9 months. Scholarships are also available for the last 2 semesters of graduate school. Phone interviews are available anytime to applicants at their convenience.

I have enclosed some brochures and other information that might be helpful to your graduates. Please don't hesitate to call with any further questions.

Sincerely,

Kathy C. Heath
Kathy Heath, MS-CCC,SLP
President



*Physical Therapy
Occupational Therapy
Speech-language Pathology*

Kathy Heath
Clinical Director

*Speech Language Pathologist
2735 Millbrook Drive
Greenville, NC 27858
Phone: (252) 758-7048*

1330 East Arlington Blvd., Suite A
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Scholarship Application

CareWorks, Inc.

1330 East Arlington Blvd., Suite A Greenville, NC 27858
Phone: (252) 758-7048 Fax: (252) 215-5614

PERSONAL INFORMATION

Name: _____ SS number: _____
 Last First Middle

Present address: _____
 Street City State Zip

Permanent address: _____
 Street City State Zip

Phone: Present _____ Permanent _____ Driver's License # _____ State _____

EDUCATION

(Give name and location of school)	Major / Minor	Graduate?	Degree
College			
Graduate or Professional			
Other (specify)			

FACULTY REFERENCE

Name	Telephone	Relationship
Address		

PERSONAL REFERENCE

Name	Telephone	Relationship
Address		

PLEASE ATTACH:

Copy of driver's license

Copy of most recent grades

Copy of Social Security card

Resume (if available)

CERTIFICATION (Please read before signing)

I certify that the facts contained in this application are true. I authorize investigation of all statements contained herein and authorize the references listed above to release any information about me. I also authorize the investigation of any criminal records.

Signature _____

Date _____

CareWorks, Inc. Scholarship Fund

To help support the growth and development of outstanding therapists, CareWorks is pleased to offer up to \$1000 per semester to students enrolled in a qualified graduate program who are in need of financial assistance.

- ❖ The applicant must be in their last year of graduate school.
- ❖ Up to \$1000 per semester (2 semesters maximum) will be considered. If two semesters are funded, both semesters must be completed consecutively.
- ❖ Applications will be accepted up to 6 months before the start of the semester.
- ❖ The funds will be made available up to 30 days before the start of each semester.
- ❖ The applicant must work full-time for CareWorks for 1 calendar year. The applicant must successfully obtain a temporary SLP license from the North Carolina Board of Examiners, and begin work within 3 months of graduation (at CareWorks' discretion).
- ❖ CareWorks will respect the applicant's preferences, however, the applicant must be willing to work at any location in North Carolina.
- ❖ The applicant must apply, interview and submit references.

* * * * *

The undersigned applicant acknowledges that he/she understands the terms above and agrees that if he/she fails to report for work, does not graduate at the end of the second semester, or if the applicant fails to complete 1 year of service for any reason (termination either by applicant or CareWorks), the entire amount received must be reimbursed and is due at the time of default or termination. In addition, a default penalty of up to 25% may be assessed at the discretion of CareWorks. If the full amount is not paid within 30 days of default, a collection agency and/or attorney may be used to recover the funds and penalty, and the applicant must pay any and all collection costs. The applicant agrees that any amounts due to CareWorks may be deducted from the applicant's paycheck(s).

Signature _____ Date _____

* * * * *

Scholarship approved for 1st semester: \$ _____

Scholarship approved for 2nd semester: \$ _____

Management team approvals: _____ / _____ / _____ Date: _____