



# Independent Human Services

“Where Everybody Is Somebody”

## Application for Employment

Thank you for your interest in employment with Independent Human Services. We provide a complete spectrum of behavioral health care services.

Independent Human Services is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap or veteran status.

Conditions of employment are stated at the end of this form. Please read carefully before you sign or submit this application (Application must be completed in full even if attaching a resume).

If there is an offer, and you accept a position, the following information must be submitted prior to employment. Without this information a start date cannot be scheduled or the offer may be rescinded.

- A valid driver’s license along with proof of current automobile insurance the declaration page
- Evidence of highest attained education level: e.g. high school diploma or GED, degree from an accredited college and transcript, professional licenses and any applicable certifications.
- TB Skin Test
- Social Security Card
- Documentation of Certificates and training
- Release for Background check
- 3 professional references
- Have you had your Covid Vaccine?      Yes                  No



**Independent Human Services  
Application for Employment**

*\*Please print clearly*

<b>IDENTIFYING INFORMATION</b>		
Last Name:	First Name:	MI:
E-mail Address:	Address:	
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Sex: Male   Female
All names you have been known by including maiden name   N/A   or List: _____		

<b>EMPLOYMENT DESIRED</b>
Are you eligible to work in the United States?   No   Yes
If applying for an accounting or administrative position, state desired job /position. _____
Services Preferred:   ___ Residential   ___ Periodic (list specific service if known) _____
Type of work preferred:   Full Time   Part Time   Regular   Temporary
List hours and days available _____ Salary Expectations _____

<b>BACKGROUND</b>
Have you ever been dismissed or asked to resign from employment?   No   Yes, please explain _____ _____
Do you have any traffic violations in the past seven years?   No   Yes   please explain _____ _____
How did you hear about us?   Company Website, Current Employee, Previous Employee, Friend, Newspaper, Internet Other _____
Referred by: _____



**EDUCATION**

	Name	From	To	Degree or Diploma Received	Credit Hours Received	Major Subjects
High School						
Trade/Business School						
Accredited College or University						
Accredited Graduate/Professional School						

**PROFESSIONAL LICENSES AND CERTIFICATIONS**

License/Certification Number:	Expiration Date:
Field or specialty:	Agency and State Issued By:
List other qualifications, publications, professional licenses, special honors, or awards you have which pertain to this position. _____	
Have you been the subject of proceedings to suspend or revoke any professional license or certification? No Yes, please explain _____	

**WORK HISTORY**

*Give your full employment record – start with your current or most recent employment. Use additional sheets if necessary.*

Have you ever worked for Independent Human Services before? No Yes:	
When: _____ Supervisor? _____	
Reason for leaving? _____	
<b><u>Military Experience:</u></b>	
Have you served in the Armed Forces? No Yes	
Branch:	Dates of Service:
Rank:	Type of Discharge:



Current or Last Employer:		
Supervisor:	Address:	
Salary:	Phone:	Employed From/To: (month/year)
Title / Brief description of duties:	Population Served: N/A	Child MH DD SA
	Number of hours worked/week _____	Adult MH DD SA
Reason for Leaving:		
May we contact your current employer at this time? Yes No, explain why _____		
Previous Employer:		
Supervisor:	Address:	
Salary:	Phone:	Employed From/To: (month/year)
Title / Brief description of duties:	Population Served: N/A	Child MH DD SA
	Number of hours worked/week _____	Adult MH DD SA
Reason for Leaving:		
Previous Employer:		
Supervisor:	Address:	
Salary:	Phone:	Employed From/To: month/year)
Title / Brief description of duties:	Population Served: N/A	Child MH DD SA
	Number of hours worked/week	Adult MH DD SA
Reason for Leaving:		
Previous Employer:		
Supervisor:	Address:	
Salary:	Phone:	Employed From/To: month/year)
Title/Brief description of duties:	Population Served: N/A	Child MH DD SA
	Number of hours worked/week	Adult MH DD SA
Reason for Leaving:		



*If you have no previous work experience, please use a reference from any volunteer experience you may have or a personal reference who can verify work ethics.*

**Independent Human Service is an Equal Opportunity Employers and select employees regardless of race, color, religion, sex, national origin, age, ancestry, physical or mental handicap, or veteran status, in compliance with Local, State and Federal Equal Opportunity Laws.**

1. I understand and agree that any material misrepresentation or omission of fact in my application will render this application void and may result in refusal to employ me, or if hired, termination of my employment.
2. I authorize Independent Human Services to confirm my work history, verify all information given in this application, in related documents, and during interviews. I authorize Independent Human Services to contact my former employers, references, reporting agencies, and any other persons relating to my application. I recognize and acknowledge that any information received may be the basis for denying, or if hired, for terminating my employment. I request and authorize all persons contacted to furnish the information requested and, in consideration for doing, hereby release any persons furnishing or receiving such information from all liability which might arise out of the communication made or the information furnished. I agree to complete a Release allowing Independent Human Services to conduct checks with/for Criminal Background, Department of Motor Vehicles, North Carolina Health Care Personnel Registry, Office of Inspector General, and the Dru Sjodin National Sex Offender registry. I understand that an employment offer will be contingent on a review of the results of these background checks pursuant to Independent Human Services policies and procedures.
3. I understand that I may be required to take a medical examination or a drug screening by a qualified physician or a laboratory at the discretion of Independent Human Services, after a conditional offer of employment has been made by Independent Human Services.
4. I agree that, if given a conditional offer of employment, I will provide, and authorize any physician or hospital to release, any information which may be necessary to determining my ability to perform the duties of the job for which I have been offered employment.
5. I understand and agree that any employment offered pursuant to this application will be at-will, terminable by either party at any time with or without reason, with or without notice, and with or without procedural formality or progressive discipline. I understand and agree that no representation, written or oral, express or implied, including without limitation those contained in any employment manuals, handbooks or information booklet that may be distributed to me during the course of my employment, shall form a contract between me and Independent Human Services, so as to alter the at-will character of my employment. I further understand and agree that no person at Independent Human Services, other than the CEO, has any authority to make any promise or representation to alter the at-will character of my employment. I understand that this is an application for employment and no employment contract is offered or implied, and that Independent Human Services, are bound by the North Carolina laws regarding Employment at Will.



6. I understand and agree that, if offered employment, such employment shall be subject to the reasonable rules and regulations of Independent Human Services as issued or changed at any time, without notification.
7. I understand and agree that Independent Human Services may at times require overtime, holiday work, change of hours and/or days I am scheduled to work, or require me to work a schedule other than that for which I was originally hired, and I accept these as conditions of my continuing employment.
8. **I understand and agree as a condition of my employment, that my wages will be paid through direct deposit to an account of my choice. I will maintain an active account in which the funds will be deposited each pay period. Further, I will immediately communicate changes to the office for any account(s) where I have directed the funds to be deposited, and failure to do so may delay receipt of my wages.**
9. I understand and agree that Independent Human Services may change my job title, assigned duties, wages, benefits, place of employment, and/or other conditions of employment at any time, and I accept these as conditions of my continuing employment.
10. I understand and agree that this is an application for employment, and that no employment contract is offered or implied.

**I have read, understand and agree to the above conditions.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email to [rhondamcdaniel@independenthumanservices.com](mailto:rhondamcdaniel@independenthumanservices.com).  
[jessie Kearney3@independenthumanservices.com](mailto:jessie Kearney3@independenthumanservices.com)