

Employment Application



Thank you for your interest in working for our company.
 We welcome you to become a part of our growing company in providing choices, alternatives and solutions for individuals and families with MH/IDD/SA needs.

Your employment will not be processed until the following information is provided:

Requested Site Location: (Office Only)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Completed Agency Application
	Copy of Driver’s License/ Official State Issued ID Card
	Copy of Social Security Card
	North Carolina Criminal Background Check <ul style="list-style-type: none"> • For employees who have resided in North Carolina for more than five (5) years, a state background check is required. • For persons residing in North Carolina less than five years, a national fingerprint check is required. <p>Please see Human Resource Director for further details</p>
	Health Care Personnel Registry
	Copy of High School Diploma, College Degree and <i>Official</i> transcript from either institution, Licensure or Certifications
	Resume
	Driving Record
	Insurance Card

Employment Application

Before the 1st date of service delivery you are required to submit the following:

	TB Skin Test
	or
	Copy of Current Physical [must be within 12mos of hire]

For CAP-I/DD services you are required to complete the following trainings before 1st date of service delivery:

- Core Values
- Incident/Accident Reporting
- Overview of DD
- Interaction & Communication
- Participants Rights
- PC Thinking
- Role/Purpose Philosophy
- Service Documentation
- First Aid
- Current CPR
- Blood borne Pathogens
- Alt. to Restrictive Intervention
- Medication Administration
- Additional Training per PCP**

For MH services you are required to complete the following trainings before 1st date of service delivery:

- Agency Policy & Procedures
- Core Values
- Corporate Compliance
- Confidentiality/HIPAA, including penalties
- Emergency Procedures
- Medication administration {if Applicable}
- Protective Devices / usage (ICFMR or if applicable)
- Infectious/Communicable diseases
- Cultural Diversity / Awareness
- Diagnosis/Other specific population served (MR, MI, SA, and Medical Issues)
- Crisis Planning
- Crisis Response
- Incident Reporting/Restrictive Interventions
- OSHA
- Service Definition(s)
- PCP Development & PCP Thinking
- Agency & State Documentation Requirements
- Additional Training per PCP**

Employment Application

We are an Equal Opportunity employer and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but *you must still complete all questions*; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") **Applications with missing or invalid information will not be considered for any position.**

Position Applying For: JOB #:	Name (Last, First, Middle):		Other names under which you have attended school or been employed:
Street Address:		City, State & Zip:	Birth Date: {mm/dd/yyyy}
Social Security Number:	Home Phone:	Cell Phone:	Email:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, what is your current age?
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what is your current job title & department?
Have you ever been employed by this agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, dates of employment & reason for leaving:
Are you related to any current agency employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, their name & their relationship to you?
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, State of issuance, license #, and expiration date:
How did you learn about this employment opportunity? Check all that apply: <input type="checkbox"/> Ad in <i>newspaper</i>			
<input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Ad in <i>magazine</i>			
<input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.

Employment Application

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: Our agency reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Employment Application

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize the agency to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of the agency serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis; I understand; that I would be required to make mandatory contributions to the agency Retirement System, or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first **SIX MONTHS** of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____ Date: _____

Agency Representative Signature: _____ Date: _____

Employment Application

CONSENT FOR RANDOM DRUG/ALCOHOL TESTING AND RELEASE OF INFORMATION

The REFUSAL to sign the consent form will be considered a positive test and will include all of the sanctions of a first positive screen. As part of testing, an employee may be asked to take a urine, saliva, and/or breathalyzer test to detect illegal drugs, non-prescribed drugs, alcohol, narcotics and/or steroids at such times and places as the Human Resource Department and/or an official representative of the agency presumes to have reasonable presumption of use. The drugs or drug-classes TO BE TESTED include, but are not limited to the following:

ALCOHOL, STIMULANTS, STREET DRUGS. (Random testing can be conducted on all active direct care workers, drivers, contractul employees, and departmental managers.

I, _____ pursuant to a request by my appointing authority or as a condition of employment with the agency hereby give my consent to and authorize the testing laboratory designated by the agency to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs (**Employer: Check all that apply**) in my urine, blood, or breath as specified by statute and regulation.

I give my consent to release the results of the test(s) and other related medical information from the laboratory to individuals within the agency who, pursuant to statute or regulation, have a need to know of the alcohol and drug testing results and to the use of all such reports or other medical information by the agency in its assessment of my employment application and/or employment status. I understand the results of the test may not be used in any criminal proceeding.

I understand that:

The appointing authority may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I must provide such proof within 72 hours.

I have the right to request a re-test of the initial specimen at my expense at a laboratory of my choice, certified by the United States Department of Health and Human Services, when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the sample must be forwarded to me by the appointing authority of the agency.

A positive test for alcohol and/or drugs, or my refusal to authorize the test(s) by signing this form, taking the specified test(s) or producing a specimen, may result in the following action:

Applicants - rejection of my employment application for related positions for one year or until I demonstrate I have successfully completed a substance abuse treatment program.

Employees - referral to an employee assistance program and/or disciplinary action up to and including termination in accordance with agency regulation, and any applicable policy.

Applicant/Employee Signature

Date

Supervisor's Signature (if employee refuses to sign)

Date

Witness' Signature (if employee refuses to sign)

Date

Employment Application

CRIMINAL BACKGROUND REPORTING PROCEDURE

To provide a safe working environment for our staff and client's, the Personnel Administrator has established the following procedure through which a criminal background report will be acquired for any applicant who 1) is not currently an agency employee and 2) has been selected as an applicant for a position at any location of the agency.

Procedure

1. The Personnel Administrator will advise applicants that a criminal background report will be completed on any individual who is selected as an applicant for the position.
2. Disclosure/Authorization Statements for the procurement of criminal background reports (Attachment A) will be obtained when applicants for a position come to interviews. Once the applicant has been selected, the hiring department will immediately forward copies of his/her signed Disclosure/Authorization Statement to the Personnel Administrator ("Administrator") who will obtain the applicant's criminal background report. An applicant's signed Disclosure/Authorization Statement must be obtained before the criminal background report is initiated. Refusal to provide a Disclosure/Authorization Statement will be considered sufficient grounds to discontinue any employment consideration for that applicant.
3. Every job offer extended will be conditional until the appropriate agency official reviews the criminal background report and determines that no adverse action will be taken based upon information contained in that report. Any offer for employment submitted to the applicant prior to procurement of a criminal background report will include that condition.
4. The Administrator will review the criminal background report to determine whether the applicant should work at agency. If a applicant's criminal background report reveals information that the Administrator deems relevant to employment, the Administrator will discuss the criminal background report with the Owner/CEO. The following factors will be taken into consideration in determining whether the applicant should work at agency: 1) the relevance of the conviction to the duties and responsibilities that would be assigned to the applicant if hired, 2) the dates of any convictions, and 3) the applicant's record since the date(s) of the conviction(s).
5. To ensure that false or erroneous information has not been transmitted in a criminal background report, and to comply with the Fair Credit Reporting Act (FCRA), the Administrator will inform the applicant of the criminal background report results if an adverse action, based upon information revealed in a criminal background report, is being contemplated. The Administrator will provide the applicant written pre-adverse action notification (Attachment B) along with a copy of the criminal background report and a copy of the applicant's rights under the FCRA. The notification, report and description of rights will be sent via postal mail. The applicant will be given an opportunity to address the matters revealed in the criminal background report. The Administrator will wait five (5) business days from the date the postal mail is sent before making a final adverse employment decision. Once it is determined that an applicant *might not* be extended an offer of employment based upon information revealed in a criminal background report, the Administrator will be notified so that the hiring department may begin selection of another applicant.
6. Once it is determined that an applicant ***will not*** be extended an offer of employment based upon information revealed in a criminal background report, the Administrator will notify the Owner/CEO of the decision. The Administrator will notify the applicant of the adverse action (Attachment C). If a conditional offer of employment has been made, the Administrator will notify the applicant that the offer of employment is withdrawn. Notices to applicants must be sent via postal mail and contain the following information:
 - a) The name, address, and telephone number of the Reporting Agency (RA) that provided the report, including a toll-free telephone number if the RA compiles and maintains files on consumers on a nationwide basis.
 - b) A statement that the RA did not make the adverse decision and is unable to give specific reasons why the adverse decision was made.
 - c) Notification that the applicant has the right to:
 - i. Obtain a free copy of the report from the RA for sixty (60) days
 - ii. Dispute with the RA the accuracy of completeness of any information provided in the report.

EMPLOYEE ACKNOWLEDGMENT:

By signing below, I acknowledge that I have read and received a copy of CRIMINAL BACKGROUND REPORTING PROCEDURE as a hired employee of the agency and agree to the responsibilities as an applicable representative of this agency. Furthermore, should I have any problems fulfilling these responsibilities; I will inform my supervisor immediately.

Staff Signature

Today's Date

Agency Representative Signature

Today's Date

Employment Application

Criminal Disclosure Statement Form

NOTE: This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a position of employment should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a certified employment position.

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: *DWI, DUI (alcohol or drugs), and duty to stop in the event of an accident, driving while license permanently revoked, and speeding to elude arrest.*

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You should answer "No," **only** if you have never been arrested or charged, or your record was expunged by a judge's court order.

1. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?

(The term "charged" as used in this question includes being issued a citation or criminal summons.)

Yes No {If "Yes", give details below :}

A. Offense Charged: _____ Law Enforcement Agency: _____

Date: _____ Disposition of Case: _____

B. Offense Charged: _____ Law Enforcement Agency: _____

Date: _____ Disposition of Case: _____

C. Offense Charged: _____ Law Enforcement Agency: _____

Date: _____ Disposition of Case: _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

2. Have you ever had a Domestic Violence Protection Order issued against you?

(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing)

Yes No {If "Yes", give details below:}

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of expiration: _____

Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:

- (a) Currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) Have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.
- (c) Are a fugitive from justice.
- (d) Are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) Have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) Have been discharged from the Armed Forces under dishonorable conditions.
- (g) Are illegally in the United States.

{Continued Next page}

Employment Application

(h) Have renounced his/her citizenship, having previously been a citizen of the United States.

NOTE: A "crime punishable by imprisonment for a term exceeding one year," as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

Based upon the above information, are you disqualified to receive or possess firearms under any of the above provisions of federal law? A. Yes B. No If yes, explain: _____

3. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim (domestic violence offense)?

A. Yes B. No

Offense Charged: _____

Law Enforcement Agency: _____

Date: _____

Disposition: _____

4. Have you ever been charged with or convicted of a felony? A. Yes B. No If yes, give details: _____

5. Have you ever been placed on probation? A. Yes B. No If yes, give details: _____

6. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?
A. Yes B. No If yes, give details: _____

7. Can you operate a motor vehicle? A. Yes B. No

8. Do you possess a valid driver's license from the State of North Carolina? A. Yes B. No

Driver's License Number: _____ Year issued: _____

9. Do you possess a driver's license issued by any state other than the State of North Carolina? A. Yes B. No
If yes, give the state and number: _____

10. Was your license ever suspended or revoked? A. Yes B. No If yes, state which and give reasons: _____

11. Was your license ever restored? A. Yes B. No When? _____

12. Have your driving privileges ever been restricted? A. Yes B. No If yes, give details: _____

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward any additional information which occurs after the signing of this document.

Applicant Signature: _____

Date: _____

Print Name: _____

Employment Application

Employee Background/Reference Check Permission Form

Authorization

To Whom it May Concern:

I hereby authorize and request any present or former employer, school, credit agency, financial institution, law enforcement agency, city, state, county and federal court and agency, military service or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application that I sign.

This notice serves as notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

Date _____

Print Applicant's Name _____

Applicant's Signature _____

For Identification Purposes Only:

Date of Birth _____

Social Security Number _____

Driver's License Number _____

Current Street Address _____

City, State, Zip Code _____

Telephone Number _____

Education: Supply Name of College/University; Address; State; Zip; Dates of Attendance; Degree:

Undergraduate#1: _____

Undergraduate#2: _____

Graduate#1 _____

Graduate#2 _____

Employment Application

Employee Voluntary Medical Information

Employee Name _____

Drug Allergies: _____

Food Allergies: _____

Environmental Allergies (Such as pollen, bee stings, etc.) _____

Other Medical Information _____

Signature: _____ Dated: _____

(Employee Signature)

I elect not to provide medical information at this time.

Signature: _____ Dated: _____

(Employee Signature)

Signature: _____ Dated: _____

(Witness Signature)

Employment Application

Hepatitis B Form

Please complete and sign Section A or Section B below:

Last Name

First Name

Social Security Number

Section A

I have been informed about Hepatitis B Vaccination by reading the information provided with this waiver. I understand its role in providing protection for persons (i.e. healthcare personnel, etc) who are at increased risk for Hepatitis B through clinical exposure; I understand the risks and benefits of being vaccinated and not being vaccinated. In addition, I understand that it is my responsibility to immediately report any adverse reaction to the vaccination. I also realized that I am financially responsible for the series of three (3) shots.

Yes, I choose to receive this Hepatitis B Vaccine.

Signature

Date

Witness Signature

Date

Section B

I understand that due to my potential occupational exposure to blood or other infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection. I decline Hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

No, I do not choose to receive this Hepatitis B Vaccine at this time.

Signature

Date

Witness Signature

Date

Employment Application

For Office Use Only:

HIRING PACKET CHECK LIST

- Employment Application
- Resume
- Attestation
- Consent to Drug & Alcohol
- Criminal Background Reporting Procedure
- Criminal Disclosure Statement
- Criminal Background Check Permissions Form
- Voluntary Medical Information Form
- Hepatitis B Form

My signature below ensures that all forms in the hiring packet are completed and signed by the applicant and the authorized Human Resource staff.

The following document(s) have been copied and retained for completion of the required Background Check and Healthcare registry Check.

- Copy of Drivers license
- Copy of Social Security Card

Agency Representative Signature: _____ Date: _____