

S&B Home Services Employment Application

* Indicates required question

1. Email *

Applicant Information

Please complete all required fields below.

2. Full Name *

3. Date of Birth *

Example: January 7, 2019

4. Address *

5. Phone *

6. Social Security Number *

7. Desired Position *

8. Available Start Date *

Example: January 7, 2019

9. Salary Desired *

10. Legally eligible to work in U.S.? *

Mark only one oval.

Yes

No

11. Have you lived in North Carolina for the past five years?

Mark only one oval.

Yes

No

12. Previously employed with us? *

Mark only one oval.

Yes

No

Work History (Most Recent First)

Employer 1 Information

13. Employer Name (1) *

14. Supervisor (1) *

15. Phone (1) *

16. Address (1) *

17. Position Held (1) *

18. Start Date - End Date (1) *

19. Reason for Leaving (1) *

Employer 2 Information

20. Employer Name (2)

21. Supervisor (2)

22. Phone (2)

23. Address (2)

24. Position Held (2)

25. Start Date - End Date (2)

26. Reason for Leaving (2)

Education

27. High School (Name & Location) *

28. High School Graduated? *

Mark only one oval.

Yes

No

29. College (Name & Location)

30. College Graduated?

Mark only one oval.

Yes

No

31. Other Training/Certifications

Behavioral Health / Home Care Experience

32. Experience with (Check all that apply):

Check all that apply.

- PCS (Personal Care Services)
- ITS (Intensive Therapeutic Services)
- CLS (Community Living & Supports)
- CPSS (Community Peer Support Specialist)

33. Worked with Mental Health (MH) / Intellectual and Developmental Disabilities (IDD) clients? *

Mark only one oval.

- Yes
- No

34. Describe experience *

Required Credentials

35. Driver's License? *

Mark only one oval.

Yes

No

36. Please enter your Driver's License Number

37. Auto Insurance? *

Mark only one oval.

Yes

No

38. CPR/First Aid Certified? *

Mark only one oval.

Yes

No

39. TB Test Completed? *

Mark only one oval.

Yes

No

40. TB Test Date (If completed)

Example: January 7, 2019

41. Hepatitis B is a serious infection of the liver caused by the Hepatitis B virus (HBV).

Employees who may be exposed to blood or other potentially infectious materials may be at risk. Please indicate your decision by typing “**Yes**” if you consent to receive the Hepatitis B vaccination or “**No**” if you decline.

By typing my name below, I acknowledge and certify that I have read and understand the information above, and that my response and name serve as my electronic signature.

Availability

42. Days/Hours Available *

43. Can you work weekends? *

Mark only one oval.

Yes

No

44. Can you work holidays? *

Mark only one oval.

Yes

No

45. Convicted of a felony? *

Mark only one oval.

Yes

No

46. If yes, explain

47. Do you consent to and authorize S&B Home Services to complete a background screening? *

Mark only one oval.

Yes

No

48. Do you authorize S&B Home Services, LLC to obtain a copy of your Motor Vehicle Record (MVR) for employment and/or compliance purposes?

Mark only one oval.

Yes

No

References

49. Reference 1 (Name / Phone / Relationship) *

50. Reference 2 (Name / Phone / Relationship) *

51. Reference 3 (Name / Phone / Relationship) *

52. Certification Statement

I acknowledge and certify that all information provided in this application is true, accurate, and complete to the best of my knowledge. By typing my name below, I understand this serves as my electronic signature.

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