

**ABC HUMAN SERVICES &
ACHIEVE SERVICES**

245 W. Garrison Blvd, Gastonia NC 28052 / PO Box 550234, Gastonia, NC 28056

APPLICATION FOR EMPLOYMENT

First Name Middle Name Maiden Name, if applicable Last Name

Social Security Number Previous Name(s), if applicable, and dates used

Mailing Address, including zip code

Residence Address, if different from mailing address

County of Residence: _____ Phone number(s) _____
Cell _____

Current Professional Status: _____

Professional Societies Memberships: _____

Education: state level of completion; enter name and location of institution, dates of attendance, and type of degree(s) received for each:

High School, circle one: GED Diploma: _____

College: _____

Graduate School: _____

Work History: Include military service and volunteer work. List all work experience, beginning with current or most recent and attaching additional sheet(s) if needed:

1. _____
Current or most recent employer/work experience: Company name, address and phone number

Supervisor's Name Phone Number

Date Employed Date Separated Part-time or Full time Ending Salary/Wage

Job Title and Duties:

Still Employed? Yes No May we contact? Yes No
Reason for Leaving: _____

2.

Prior employer/work experience: _____
Company name, address and phone number

Supervisor's Name _____ Contact Name _____ Phone Number _____

Date Employed _____ Date Separated _____ Part time/ Full time _____ Ending Salary/Wage _____

Job Title and
Duties _____

May we Contact? Yes No Reason for leaving: _____

3.

Prior employer/work experience: _____
Company name, address and phone number

Supervisor's Name _____ Contact Name _____ Phone Number _____

Date Employed _____ Date Separated _____ Part time/ Full time _____ Ending Salary/Wage _____

Job Title and
Duties _____

May we Contact? Yes No Reason for leaving: _____

Personal References:

I certify that I have given true, accurate, and complete information related to all questions. I understand that ABC Human Services & Achieve Services is an alcohol/drug/smoke free work environment and that any Lobbying on behalf of ABC Human Services & Achieve Service is strictly prohibited. I understand that positive criminal background and healthcare registry checks are requirement for initial as well as continued employment. I authorize educational institutions associations, registration/licensing boards and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or a failure to disclose information may be grounds for rejection of my application, or if hired, disciplinary action, immediate dismissal from employment and/or criminal action may be taken. I further understand that dismissal from employment shall be mandatory if fraudulent disclosures related to my position/qualifications are later discovered.

Signature of Applicant _____

Date _____

ABC Human Services and Achieve Services
 245 W Garrison Blvd Gastonia NC 28052 / PO Box 550234, Gastonia NC 28056

EMPLOYMENT INQUIRY and AUTHORIZATION

 First Name Middle Name Maiden Name, if applicable Last Name

 Previous name, if applicable and dates used Current Marital Status

 Social Security Number Gender (male/female) Race Date of Birth Drivers License# & State

 Current Resident and Mailing Address, if different, including zip code(s)

List ALL previous addresses for the past 7 years, attaching an additional sheet if necessary: _____

Please respond to all the questions below. If one does not apply to you, answer "N/A". If you answer "Yes" to a question, please explain fully.

1. Because employment with ABC Human Services & Achieve .Services, Inc is contingent upon a positive criminal background check, do you have any prior or current charges of criminal involvement that you need to discuss?
 No Yes _____
2. Have you ever been convicted of any offence against the law other than a minor traffic violation?
 No Yes _____
3. Have you had any moving violations on your driver's license within the last three years?
 N/A No Yes _____
4. Have you ever had any action against your professional license, including restrictions, limitations, denial, revocation, suspension, or cancellation in any state?
 N/A No Yes _____
5. Have you ever had your professional liability coverage restricted, limited, denied, or non-renewed?
 N/A No Yes _____
6. Has any hospital, HMO, Mental Health Clinic, or other health/human services agency ever limited, denied, or revoked your professional privileges, or allowed you to resign in order to avoid the potential for such actions?
 N/A No Yes _____

 Signature of Applicant Date

(page 1 of 2)

I certify that I have given true, accurate, and complete information related to all above questions and that all information contained in my employment application with ABC Human Services, hereinafter referred to as The Company, is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement may result in a rejection of my employment application or, if employed, termination of my employment. I understand and agree that all information furnished by me may be verified by The Company or its authorized representative. I further understand that dismissal from employment shall be mandatory if fraudulent disclosures related to my position/qualifications are later discovered. I hereby authorize all individuals and organizations named here, or in my employment application or its attachments, as well as any law enforcement organizations to provide The Company, or its authorized representative, with all information relative to such verification and hereby release such individuals, organizations, The Company, and/or its authorized representative from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed that The Company or its authorized representative may seek to obtain a consumer report and/or other investigative reports that will include personal information regarding me, including, but not limited to, educational history, work reference, driving records, drug testing, criminal convictions and/or arrest records in order to assist The Company in making employment decisions. I further acknowledge notification that reports may be provided to The Company by other firms subcontracted for this purpose and, upon request from The Company, I also agree to provide, or assist as needed in obtaining, any such required information. I, my heirs, assign and legal representative hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees and agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors arising out of such investigative reports, including any errors or omissions contained or omitted from such reports or investigations. I understand that I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of any information received concerning the nature and scope of any investigation related to my employment application. I understand that The Company is an alcohol/drug/smoke free work environment and that any Lobbying on behalf of The Company is strictly prohibited. I agree to immediately report to The Company any infraction of any Federal, State or Local Law and to disclose any action taken in regards to my certifications/licenses. I acknowledge that a telephone facsimile or copy of this release shall be as valid as the original and that this authorization will be considered valid for the entire tenure of my employment with The Company.

Signature of Applicant

Date



DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY
BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION
ORDER NUMBER:

FAX: 910.343.9731

Company Name:

CAC:

("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Last Name _____ First _____ Middle _____ Suffix _____

Other Names/Maiden/Alias _____

Social Security*# _____ Date of Birth* _____ (mo/day/year)

Driver's License# _____ State _____

Phone# _____

Email _____

Present Address _____

City _____ State _____ Zip _____

County _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: _____ Date: _____

For Employer Use Only: Please mark (✓) the searches to be conducted.			
Contact: _____	Email: _____		
Phone: _____	Fax: _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>