

**North Carolina Outreach Home Care, LLC**  
**North Carolina Outreach Group Homes, LLC**  
 327 North Logan Street  
 Marion, North Carolina 28752

**Application for Employment**

Application Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_ Location: \_\_\_\_\_

<b>Personal Information</b>			
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle/Maiden</b>	
<b>Present Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Social Security #</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>	
<b>Email Address:</b>	<b>Drivers License#</b> _____ <b>State Issued:</b> _____ <b>Expiration Date:</b> _____	<b>Birth Date:</b> _____	
<b>Have you ever worked for NC Outreach?</b>	<b>If so, provide job title, location and dates of employment.</b>	<b>Are you legally entitled to work in the United States?</b>	
<b>Have you ever been convicted of a criminal offense (other than minor traffic violation)? A conviction does not automatically negate employment. Yes No</b>  <b>If "Yes:, please explain (attach additional sheet)</b>	<b>Are you at least 18 years old?</b> _____  <b>If hired, when can you begin employment with NCOHC?</b> _____  <b>Do you have relatives presently working for NCOHC? If yes, give location and relationship.</b> _____	<i>For office use only:</i>  <b>Orientation Date:</b> _____  <b>Start Date:</b> _____  <b>Discharge Date:</b> _____	

**Conditions of Employment**

I certify that the responses entered by me on this employment application are true and complete. I understand that any misleading or incorrect statements may render this application void. I agree the company is not liable in any respect if any employment is terminated because of false statements, answers, or omission made by me in the application.

I also understand that, if accepted for employment, I shall be required to provide proof of identity and eligibility (Social Security Card or copy of Birth Certificate and current Driver's License/Picture Identification) to work in the United States as a condition of employment. In connection with this application authorize all corporations, companies, credit agencies, education institution, licensing agencies person, law enforcement agencies, military services, and former employers to release information that they may have about me to North Carolina Outreach Home Care, LLC. or its agents and release them from any liability form doing so. I understand that criminal/abuse/neglect checks will be performed by North Carolina Outreach Home Care, LLC. through Castlebranch, Inc. and the N.C. Health Care Registry concerning information contained on this application and that nay offer of employment and continued employment is contingent upon receipt of satisfactory clearance.

I understand that proof of current vehicle insurance coverage, proof of valid CPR and First Aid Certification must be provided upon employment. Verification of completion of at least high school education of GED (copy of diploma, signed statement from school official, high school transcripts\*, teaching certificate, etc.) must also be presented upon employment. \*For QDDP applicants, a copy of college transcripts is required. For some professional position (i.e. family training, RN, etc.) copy of credentials and/or licenses related to services to be provided will be required.

I declare that I am not a pedophile or child molester and that I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child or adult nor have I ever been convicted of any of these acts.

I also declare that I have not been convicted of drug charges and am not a user of illegal drugs.

I understand that if employed, I have been hired at the will of my employer and that my employment may be terminated at any time, with or without cause and with or without notice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Application invalid unless signed)

## Record of Employment:

North Carolina Outreach will confirm dates of employment, positions held, and reasons for leaving with prior employees. Explain ALL gaps in employment and other information relevant to eligibility, qualification, and suitability with prior employers in the "Additional Information" section.

1. Name of present or last employer and address (include city and state)				Full Time? Yes No	
				Part Time? Yes No	
Type of Business	Name of Supervisor	Telephone #	Start Date	End Date	
Your Job Title			Starting Pay:	Ending Pay	
Reason for Leaving:		<i>For Office Use Only:</i> <b>Eligible For Rehire?</b> <b>Date/Called By:</b> /			
Description of work and responsibilities (attach additional sheets, if necessary):					
2. Name of present or last employer and address (include city and state)				Full Time? Yes No	
				Part Time? Yes No	
Type of Business	Name of Supervisor	Telephone #	Start Date	End Date	
Your Job Title			Starting Pay:	Ending Pay	
Reason for Leaving:					
Description of work and responsibilities (attach additional sheets, if necessary):					
3. Name of present or last employer and address (include city and state)				Full Time? Yes No	
				Part Time? Yes No	
Type of Business	Name of Supervisor	Telephone #	Start Date	End Date	
Your Job Title			Starting Pay:	Ending Pay	
Reason for Leaving:					
Description of work and responsibilities (attach additional sheets, if necessary):					

References (1 Personal, 2 Professional, prefer last 2 supervisors)					
1.	Name	Occupation	Address (City, State)	Telephone #	For office Use only: Reference Comments:
					Date : Called By:
					Reference Comments:  Date : Called By:
					Reference Comments:  Date : Called By:

**Educational Experience:**

High School Graduate: **Yes No**

If "Yes" high school name and address \_\_\_\_\_

• GED? **Yes No**

School(s) beyond High School \_\_\_\_\_

Location \_\_\_\_\_

Graduated? **Yes No**

Degree/Certificates earned \_\_\_\_\_

Other additional training you received that relates to the position for which you are applying (courses/seminars) \_\_\_\_\_

**Certificates:**

• Training Completed (certifications currently valid)

• First Aid? **Yes No** Expires \_\_\_\_\_

• CPR? **Yes No** Expires \_\_\_\_\_

• NCI? **Yes No** Expires \_\_\_\_\_

• Driver's License #, state issued, and Date of expiration \_\_\_\_\_

**Human Services:**

- Are you willing to work with individuals who may display challenging behaviors: **Yes No**
- Are you able to provide physical assistance to individuals as needed? **Yes No**
- Are you able to bend, kneel, lift (up to 25 lbs.), stoop, stand and/or sit for long periods of time, work in a community environment, handle wheelchair requirement (if needed) with or without reasonable accommodation? **Yes No**

**Additional Information:**

On the back of this page please provide any additional information which may more fully describe your qualifications, skills, experience, education back ground, and interests.