

1 Terrace Way
Greensboro, NC 27403



222 Orange Grove St
Hillsborough, NC 27278

APPLICATION FOR EMPLOYMENT

NAME: _____
(LAST) (FIRST) (MIDDLE/MAIDEN)

ADDRESS: _____

EMAIL: _____

HOME/CELL PHONE: _____ WORK #: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____ STATE: _____ EXP: _____

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME? _____

IF YES, PLEASE SPECIFY: _____

HAVE YOU LIVED IN NORTH CAROLINA FOR THE PAST 5 CONSECUTIVE YEARS?
_____ YES _____ NO SPOUSE? _____ YES _____ NO

SPOUSE NAME: _____
(LAST) (FIRST) (MIDDLE/MAIDEN)

SPOUSE DATE OF BIRTH: _____ SPOUSE PLACE OF BIRTH: _____

SPOUSE SOCIAL SECURITY #: _____

SPOUSE'S DRIVER'S LICENSE #: _____ STATE: _____ EXP: _____

POSITION DESIRED: AFL _____ THERAPEUTIC _____ RESPITE _____ HAB TECH _____

POPULATION DESIRED: MALE _____ FEMALE _____ CHILD _____ ADULT _____

AT-RISK YOUTH _____ DEVELOPMENTALLY DISABLED _____

AVAILABILITY (HAB TECH/RESPITE ONLY): DAYS _____ EVENINGS _____ WEEKENDS _____

LIST ANY SKILLS/TRAININGS/CERTIFICATIONS YOU HAVE THAT RELATE TO THIS POSITION: _____

IS YOUR HOME CURRENTLY/PREVIOUSLY LICENSED BY DHSR OR DSS? _____

IF YES, SPECIFY DATES & AGENCY _____

LIST ALL PERSONS (OTHER THAN YOURSELF) WHO LIVE IN YOUR HOME:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION

HIGH SCHOOL: _____ CITY/STATE: _____

DID YOU GRADUATE? _____ DATE: _____ GED? _____ DATE: _____

COLLEGE CITY/STATE MAJOR MINOR DEGREE DATE

SPOUSE EDUCATION

HIGH SCHOOL: _____ CITY/STATE: _____

DID YOU GRADUATE? _____ DATE: _____ GED? _____ DATE: _____

COLLEGE CITY/STATE MAJOR MINOR DEGREE DATE

BACKGROUND

HAVE YOU OR YOUR SPOUSE EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY JOB? IF YES, PLEASE EXPLAIN. _____

HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR TRAFFIC VIOLATION? _____ (CONVICTIONS WON'T NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.)

IF YES, PLEASE EXPLAIN. _____

WHY ARE YOU INTERESTED IN WORKING WITH A MENTAL HEALTH CLIENT?

WHAT DO YOU AND YOUR FAMILY HAVE TO OFFER SUCH AN INDIVIDUAL?

HOW DID YOU HEAR ABOUT US? _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS? _____

IF YES, PLEASE EXPLAIN. _____

WORK HISTORY (Please explain any gaps)

EMPLOYER: _____ SUPERVISOR: _____

POSITION: _____ DATES EMPLOYED: _____

REASON EMPLOYMENT ENDED: _____

ADDRESS: _____ PHONE #: _____

DUTIES: _____

EMPLOYER: _____ SUPERVISOR: _____

POSITION: _____ DATES EMPLOYED: _____

REASON EMPLOYMENT ENDED: _____

ADDRESS: _____ PHONE #: _____

DUTIES: _____

EMPLOYER: _____ SUPERVISOR: _____

POSITION: _____ DATES EMPLOYED: _____

REASON EMPLOYMENT ENDED: _____

ADDRESS: _____ PHONE #: _____

DUTIES: _____

SPOUSE WORK HISTORY

EMPLOYER: _____ SUPERVISOR: _____

POSITION: _____ DATES EMPLOYED: _____

REASON EMPLOYMENT ENDED: _____

ADDRESS: _____ PHONE #: _____

DUTIES: _____

EMPLOYER: _____ SUPERVISOR: _____

POSITION: _____ DATES EMPLOYED: _____

REASON EMPLOYMENT ENDED: _____

ADDRESS: _____ PHONE #: _____

DUTIES: _____

EMPLOYER: _____ SUPERVISOR: _____

POSITION: _____ DATES EMPLOYED: _____

REASON EMPLOYMENT ENDED: _____

ADDRESS: _____ PHONE #: _____

DUTIES: _____

APPLICANT REFERENCES

LIST AT LEAST 2 PERSONAL & 1 PROFESSIONAL REFERENCE (NO FAMILY, PLEASE)

******MUST HAVE COMPLETE ADDRESSES & PHONE NUMBERS******

1. NAME: _____

E-MAIL: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

2. NAME: _____

E-MAIL: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

3. NAME: _____

E-MAIL: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

4. NAME: _____

E-MAIL: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

SPOUSE/PARTNER REFERENCES

LIST AT LEAST 2 PERSONAL & 1 PROFESSIONAL REFERENCE (NO FAMILY, PLEASE)

*****MUST HAVE COMPLETE ADDRESSES & PHONE NUMBERS*****

1. NAME: _____

E-MAIL: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

2. NAME: _____

E-MAIL: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

3. NAME: _____

E-MAIL: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

4. NAME: _____

E-MAIL: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

*IF YOU ARE APPLYING TO BECOME AN AFL OR THERAPEUTIC PARENT, BRIEFLY DESCRIBE YOUR HOME (e.g. NUMBER OF BEDROOMS, KITCHEN/DINING AREAS, FAMILY/LIVING AREAS, BATHING FACILITIES & THE SETTING IN WHICH YOUR HOME IS LOCATED):

Applicant Information Consent/Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Community Support Service, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process. I also authorize Community Support Service to conduct any additional background checks that may be necessary to process my application.

Applicant Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

****In order to process your information, CSS will need the completed application & the *Additional Items listed below. Please note that we cannot proceed with the application process if all required documentation is not included. Once we've reviewed your information and made contact with all of your references, you will be called for an interview. Please allow at least 3-4 weeks for a response.***

****Additional Items that must be included with application:***

____ Local criminal record/background check (available at the courthouse) for anyone residing in your home who is 18 years of age or older.

____ Copy of academic Transcript/Diploma/GED to verify highest level of education

***PLEASE NOTE THAT ALL APPLICANTS ARE SUBJECT TO A PRE-EMPLOYMENT DRUG SCREEN**