

# **Family Innovations, LLC**

“Changing Lives, One Family at a Time”

EMPLOYEE NAME:

DATE OF BIRTH:

CONFIDENTIAL INFORMATION
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LAST FOUR DIGITS OF YOUR SOCIAL  
SECURITY NUMBER:

DATE OF HIRE:

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<b>APPLICATION FOR EMPLOYMENT</b> (Please Print or type) An Equal Opportunity Employer			Date of Application
Social Security Number	Last Name	First Name	Middle Name
Address (Street Number and Name)		City	County
State	Zip Code	Phone – Home ( )	Phone – Business ( )
Former Address (If current address is less than one year old)		City	County
State	Zip Code	Driver’s License Number	
Marital Status	Emergency Contact Person and Phone Number		
Circle the all types of work you will accept: 1. Full Time 2. Part Time 3. Temporary 4. Shift			
Date available to begin work: (month/day/year) _____			
Job/Position Applied For: _____			
Employment Questionnaire: Please circle			
Have you ever been employed here before? If yes, give date and position _____			Yes    No
Are you legally eligible for employment in this country? (proof of legal right to work in the United States will be requested)			Yes    No
Do you have a valid driver’s license?			Yes    No
Have you ever been convicted of a D.W.I.? If yes, give date of conviction _____			Yes    No
Do you have any points on your driving record? If yes, how many? _____			Yes    No
Have you ever been convicted of a crime other than a minor traffic violation? If yes, please give details : _____ _____ _____			Yes    No
Are there currently any charges against you which have not been resolved? If yes, please give details: _____ _____ _____			Yes    No
Have you ever been convicted and/or do you have a history of child abuse, neglect and Exploitation? If yes, please give details: _____ _____ _____			Yes    No
Are you able to perform the essential functions of this position with or without accommodations (see attached job description)? Please list any needed accommodations: _____ _____			Yes    No
Are you presently using any illegal drugs?			Yes    No

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Do you hold any professional licenses?	If so, please-list below:	Yes	No
Type: _____	No: _____ Exp. _____		
Type: _____	No: _____ Exp. _____		
Is your professional license currently under suspension and/or been suspended in the last two years? Yes No			
Have you ever experienced any loss of privileges or disciplinary activity related to your professional work and/or professional license? If so, please list:			
_____			
_____			
Do you have professional malpractice insurance coverage? (proof of insurance may be requested) Yes No			
List fields of training, skills, licenses, registered and certified that may qualify you as being to perform job-related functions in the position for which you are applying:			
_____			
_____			

Education:				
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED      College 1 2 3 4      Graduate 1 2 3 4				
Schools	Name and Location	Grad?	Major/Minor Course Work	Type of Deg
High School		Yes No		
College University		Yes No		
Graduate or Professional		Yes No		

**Work History**

(A) Current or Last Employer	Address	Phone
Job Title	Supervisor Name and Title	No. Supervised by You
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per
	Reason for Leaving	May We Contact Employer? Yes No
Date Separated (mo/yr)	Duties: _____	
Length of Service	_____	
Years	_____	
Months	_____	
	_____	
	_____	

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Office Use Only

NC Health Care Personnel Register Check # _____ Date _____				
(B) Current or Last Employer	Address			Phone
Job Title	Supervisor Name and Title			No. Supervised by You
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per	Reason for Leaving	May We Contact Employer? Yes No
Date Separated (mo/yr)	Duties: _____			
Length of Service	Years _____	Months _____	_____	
	_____			
	_____			
	_____			

(C) Current or Last Employer	Address			Phone
Job Title	Supervisor Name and Title			No. Supervised by You
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per	Reason for Leaving	May We Contact Employer? Yes No
Date Separated (mo/yr)	Duties: _____			
Length of Service	Years _____	Months _____	_____	
	_____			
	_____			
	_____			

Three References: Please provide complete name, telephone number, and title for all references. Please do not list relatives.

Name	Telephone	Title

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DO NOT SIGN UNTIL YOU READ THE BELOW CERTIFICATION OF APPLICATION

**Certification of Application:**

I hereby certify that all statements made in this application are true. I understand that any misstatement, misrepresentation, or omission of the fact may be cause for my application not to be considered; or, if I have been employed may be cause for my immediate dismissal. I expressly authorize this agency to contact and obtain information from all references, employers, licensing authorities, public agencies, and educational institutions and to verify the accuracy of all information provided by me in this application or job interview. I hereby waive any rights and claims I may have regarding this agency for seeking, gathering, and using such information process and all other persons, corporation or organization for furnishing such information about me. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, expect as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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## CONFIDENTIAL PERSONAL DATA SHEET

(Please Print)

FULL NAME: \_\_\_\_\_  
(As it appears on your Social Security Card)

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status:     Single     Married     Separated     Divorced     Widowed

Race:     White     Black     Hispanic     Asian American     American Indian

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

### NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY

Full Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

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EDUCATION VERIFICATION REQUEST
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Please verify the education background of the following individual

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_ Location of School: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Year Degree Awarded \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

Department Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Requester: \_\_\_\_\_ Date of Request: \_\_\_\_\_

School Contact: \_\_\_\_\_

Verified: \_\_\_\_\_ Date verified: \_\_\_\_\_

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## Criminal History/DMV Records Request

### *Applicant information*

Full Name: (no initials) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ DOB: \_\_\_\_\_ Race \_\_\_ Sex \_\_\_

Position Title \_\_\_\_\_ Date of Interview: \_\_\_\_\_

I authorize \_\_\_\_\_ to conduct a criminal history and/or motor vehicle background check for the above listed position.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Signature: \_\_\_\_\_

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Request Information

CH

DMV

Both



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## DISCLOSURE OF CRIMINAL CONVICTIONS STATEMENT

I, \_\_\_\_\_, do hereby certify that have disclosed any and all criminal convictions and I have not been convicted and pledged guilty of any of the following violations:

Aggravated murder	Promoting prostitution	Murder
Prostitution	Voluntary manslaughter	Procuring prostitution
Involuntary manslaughter	Disseminating matter harmful to a juvenile	
Felonious assault	Pandering obscenity	
Assault	Pandering obscenity involving a minor	Robbery
Failing to provide for a functionally impaired person		Burglary
Illegal use of a minor	Offenses against residences or parties of Care Facilities	
Aggravated burglary	Patient abuse	Unlawful abortion
Kidnapping	Endangering children	Abduction
Contributing to the delinquency of children		Child stealing
Domestic violence	Criminal child enticement	Rape
Carrying a concealed weapon	Voyeurism	Having weapons while under disability
Importuning	Sexual battery	
Improperly discharging a firearm at or into a school/house		Sexual imposition
Corrupting another with drugs	Gross sexual imposition	Trafficking in drugs
Compelling prostitution	Public indecency	Adulterated food
Felonious sexual penetration		

Applicants will not be employed if information exists that the applicant has committed or pleaded guilty to any of the listed offenses or if the applicant refuses to submit a criminal background check.

**This form will become part of your Personal File. Please initial after reading:** \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date