

FOCUS BEHAVIORAL HEALTH SERVICES APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of Hand Up Homes for Youth, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

Position(s) Applied for		Date of Application	
Print Name (Last, First, & Middle)			
Street Address	City	State	Zip Code
Main Phone Number	Alternate Phone Number	Email	

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Name of Employer		Supervisor	May we contact?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Main Phone Number		
Dates Employed (Month/Year)		Pay Rate		
From	To	Starting	Final	
Job Title and Duties		Reason for Leaving		

Name of Employer		Supervisor	May we contact?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Main Phone Number		

Dates Employed (Month/Year)		Pay Rate	
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Name of Employer	Supervisor	May we contact?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Main Phone Number	
Dates Employed (Month/Year)		Pay Rate	
From	To	Starting	Final
Job Title and Duties		Reason for Leaving	

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No

If yes, please explain

Please explain any gaps in your employment history:

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

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EDUCATION

Please describe your educational background in the table provided below.

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Course of Study/Major	Specialized Training, Skills, or Extra-Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					
Other					

BUSINESS AND PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

PERSONAL REFERENCES

Please list three people who know you well.

Name and Title	Relationship and Years Acquainted	Phone Number or Email

GENERAL INFORMATION

1. Have you ever used another name?..... Yes No
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?..... Yes No
 - a. If yes to either of the above, please explain:

3. Have you ever worked for this company before?..... Yes No
 - a. If yes, please give dates and position: _____
4. Do you have friends and/or relatives working for this company?..... Yes No
 - a. If yes, name(s) and relationship(s): _____
5. On what date are you available to begin work? _____

6. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

7. Are you available to work? Full-time Part-time Shift Work Temporary
8. Minimum salary required:.....Per Hour \$_____ Per Month \$_____
9. If hired, would you have a reliable means of transportation to and from work?..... Yes No
10. Can you travel if the position requires it?..... Yes No
11. Can you relocate if the position requires it?..... Yes No
12. Are you at least 18 years old? Yes No
 - a. Note: If under 18, hire is subject to verification that you are of minimum legal age.
13. If hired, can you present evidence of your identity and legal right to work in this country?..... Yes No
14. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No
 - a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.
 - b. Have you lived in the state of North Carolina for the past 5 consecutive years? Yes No

APPLICANT STATEMENT AND AGREEMENT

NC regulation (10A NCAC 27G .0202) states all facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which you are applying. Please disclose any criminal convictions below:

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize Focus Behavioral Health Services to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to Focus Behavioral Health Services any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Focus Behavioral Health Services, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with Focus Behavioral Health Services, I understand that I am required to comply with all rules and regulations of Hand Up Homes for Youth.

_____ If hired, I understand and agree that my employment with Focus Behavioral Health Services is at-will, and that neither I, nor Focus Behavioral Health Services is required to continue the employment relationship for any specific term. I further understand that Focus Behavioral Health Services or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that safety of employees is extremely important to Focus Behavioral Health Services and that Focus Behavioral Health Services is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____ **Name (print):** _____ **Date:** _____

Legal Disclaimer: This document is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.

BACKGROUND CHECK NOTICE TO APPLICANT AND AUTHORIZATION FOR CONSUMER REPORT

THE PURPOSE OF THIS NOTICE IS TO INFORM YOU THAT WE WILL BE CONDUCTING A PRE-EMPLOYMENT BACKGROUND INVESTIGATION IN CONJUNCTION WITH YOUR APPLICATION FOR EMPLOYMENT WITH OUR COMPANY. THIS BACKGROUND INVESTIGATION MAY INVOLVE VERIFYING OR REVIEWING ANY OF THE FOLLOWING RELEVANT INFORMATION:

- Social Security Number
- DMV Record
- Criminal Convictions
- Prior Employment History
- Educational History
- Fingerprinting

As part of this investigation, the Company will obtain a consumer report from a Consumer Reporting Agency, Focus Behavioral Health Services, for employment purposes. The Company may use information in the consumer report for decisions related to your employment. A copy of the report will be provided to you, free of charge, if you wish.

By your signature below, you authorize the Company to obtain this consumer report. If you wish to receive a copy of the report, please include your address below. This notice and authorization is in accordance with the Fair Credit Reporting Act.

I AUTHORIZE THE COMPANY TO OBTAIN A CONSUMER REPORT FOR EMPLOYMENT PURPOSES.

Name (Last, First & Middle): _____

Signature: _____ Date: _____

I wish to receive a copy of my consumer report. My address is:

Street Address: _____ City: _____ State: _____ Zip code: _____

THE FOLLOWING IS INTENDED TO INFORM AND OTHERWISE NOTIFY THE CREDIT REPORTING AGENCY:

This notice is intended to certify compliance, to the best of our ability, with the requirements as outlined in the Fair Credit Reporting Act. The applicant or employee's signature demonstrates their express authorization and understanding of this background check and the information that it will yield.

I, the Employer, certify the following:

- The applicant, or employee, has been notified, and their permission was granted to get a consumer report;
- I have complied with all of the FCRA requirements; and
- "There will be no discrimination against the applicant or other misuse of the information", as provided by any applicable federal or state equal opportunity laws or regulations.

Signature: _____ Date: _____

Name (print): _____ Title: _____

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DRUG AND ALCOHOL TEST CONSENT FORM

CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG AND ALCOHOL TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, the undersigned, certify that I have read and understand the Company's Statement of Policy on Drug/Alcohol Abuse and have received a copy of that policy. I have also been provided with the opportunity to ask questions regarding the policy. I further understand that my failure to honor the terms of the Company's Statement of Policy on Drug/Alcohol Abuse will be grounds for termination of my employment, or loss of consideration of my application for employment with the Company.

I hereby CONSENT to allow (Burke Occupational) to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer (Focus Behavioral Health Services).

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against [Burke Occupational], the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and HOLD HARMLESS [Burke Occupational], the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Signature: _____ **Name (Print):** _____

Date: _____

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