

Faith In Families, Inc.
232 Gilmer Road Ste. 206
Reidsville, NC 27320
336.347-7415
336.347.7419 (fax)

Application for Employment

Fully complete entire application in blue or black ink. Please print clearly.

Faith In Families, Inc. is an equal opportunity employer. Applicants are evaluated without regard to race, color, religion, gender, pregnancy, national origin, age, sexual orientation, disability or veteran status. Applications will remain active for six months after which applicant must re-apply.

POSITION (S) DESIRED

Intensive In Home <input type="checkbox"/>	Community Support Team <input type="checkbox"/> MultiSystemic Therapy <input type="checkbox"/>	Licensed Therapist <input type="checkbox"/>
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Days and hours you are available to work (Please be specific): _____

Why you are interested in employment at Faith In Families, Inc. _____

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Other Phone: _____

Email Address: _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Have you ever been convicted of a misdemeanors/felony? [] Yes [] No If yes, please describe circumstances:

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No

If yes, please describe circumstances: _____

EDUCATION				
School Name	Location	Yrs (xxxx – xxxx)	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT (Please list most recent employer first.)

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____

REFERENCES (Associates who know your employment qualities and abilities. Do not use relatives.)

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

Yes No (If yes, explain fully on an additional sheet.)

Have you served in the U.S. Armed Forces? Yes No

If yes, were you discharged honorably? Yes No

Are you a member of the Military Reserves? Yes No

Check the types of work you will accept:

Permanent Full-Time

Permanent Part-Time

Temporary Full-Time

Temporary Part-Time

Work Involving Travel

Shift or Split Shift Work

Any of the Above

Our agency provides Mental Health and Substance Abuse services in _____, _____, _____ Counties. Please indicate your preferences.

County: _____

Population: Mental Health Substance Abuse DD Adult Child

Salary Expectations: _____

From whom or where did you learn of our agency and this vacancy? _____

INQUIRIES RELEASE AND CONSENT

In connection with my application for employment, contract for services, or internship with FAITH IN FAMILIES INC. I understand and consent that a consumer report, which may contain public record information, will be requested. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, etc. I further understand that such report may contain public record information concerning my driving record, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. A facsimile or other copy of this release/consent bearing my signature is as valid as the original. For purposes of gathering this information, I agree to supply the following information:
Please print the following information

Last Name	First	Middle	Maiden
Current Address:		SS#:	
City/State/Zip:		County:	
Previous Address, If at Above Address Less Than 3 Years:			
(optional) Date of Birth:	(optional) Race:	(optional) Gender:	
Drivers License #:	State of Issue:	Date Issued:	

I hereby fully release and discharge Faith In Families Inc their respective affiliates, subsidiaries, directors, officers, employees, agents, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer, from all claims and damages arising out of or relating to any investigation of my background for employment purposes. I have the right to make a request, upon proper identification, of all the information obtained from the consumer report agency.

Date: _____ **Signature:** _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize the Employer to confirm my status on the Health Care Personnel Registry and to conduct a thorough background investigation.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

The position for which I am being considered has been thoroughly reviewed with me and I certify that I can perform the essential functions of the job.

Signature of Applicant

Date