

THE ARC OF HAYWOOD COUNTY, INC., RESIDENTIAL SERVICES
APPLICATION FOR EMPLOYMENT
INSTRUCTION SHEET

Please take the time to fill out your application for employment in its entirety, legibly and in black ink or if emailed please use black ink and use word or pdf document. These instructions are to assist you in the completion of this application.

PERSONAL	Furnish your mailing address and physical address as well as your home phone number, cell phone number or your business phone number where you can be reached also, please add your email address. Furnish your previous address if you have lived at your current address for less than five (5) years.
EDUCATION	Fill in the information as requested. A copy of your high school diploma or GED certificate if required.
WORK EXPERIENCE	List your current/most recent employer in the first box and proceed with listing the employers you have had prior to that in chronological order in the remaining boxes.
PROFESSIONAL REFERENCES	List <i>five</i> (5) professional references (not personal/relatives) in this section. It is <u>imperative</u> to furnish the names, titles and complete mailing addresses/email address and phone numbers.
AUTHORIZATION	Please be advised that a criminal background screening will be processed for all prospective applicants. If you have had any convictions or violations, please list them on the reverse side of the Motor Vehicle Questionnaire. Be aware that a conviction/violation does not necessarily mean that you will not be hired for the position for which you are applying.

In order for your application to be processed, your signature is required. Unsigned applications will not be processed. Motor Vehicle History Form and Pre-Employment Authorization Release forms are separate from the application but must be turned in as required by the State of North Carolina.

We thank you for taking the time to complete your application fully to avoid any delay that may arise from an incomplete application.

**The Arc of Haywood County Residential Services
APPLICATION FOR EMPLOYMENT**

Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, national origin, disability or veteran status.

PERSONAL			Date of Application _____
			Date of Birth: _____
Last Name	First Name	Middle Name	Home Phone Including Area Code
			Cell Phone Including Area Code
Street Address			Business Phone Including Area Code
City, State, Zip	County	Email address	

IF YOU HAVE LIVED AT CURRENT ADDRESS LESS THAN 5 YEARS, PLEASE GIVE PREVIOUS ADDRESS BELOW

Street Address	Home Phone Including Area Code		
City, State, Zip			
Have you ever applied for employment with our agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, month/year? _____			
Have you ever been employed by our agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____			
Is there any reason you would be unable to perform the essential functions of the job with or without reasonable accommodation?		What accommodation would you require?	
Position Desired _____		Pay Expected _____	When will you be available to begin work? _____
Are you legally eligible for employment in the United States?		How long have you been a permanent resident of the State of North Carolina?	
Have you ever been convicted of a FELONY, plead no contest or plead guilty to a lesser charge? <input type="checkbox"/> Yes <input type="checkbox"/> No Be aware that a conviction/violation does not necessarily mean that you will not be hired for the position for which you are applying.			
Are you a relative of an Arc client? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate _____			
Are you the legal guardian of an Arc client? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate _____			

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NO OF YEARS COMPLETED	DATE OF GRADUATION	COPY OF DEGREE OR DIPLOMA ATTACHED
COLLEGE					
HIGH SCHOOL					
OTHER					

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
(Exclude those which may disclose your race, color, religion or national origin)

SPECIAL TRAINING PROGRAMS AND SEMINARS YOU HAVE COMPLETED IN THE LAST FIVE YEARS (Please List)

WORK EXPERIENCE

EMPLOYER:			ADDRESS:		
JOB TITLE:			SUPERVISOR'S NAME:	TELEPHONE NUMBER	
NO. SUPERVISED BY YOU? Date Employed (Month/Year) Date Separated (Month/Year)			Starting Salary \$ Per	Ending Salary \$ Per	Reason for Leaving?
			LIST MAJOR DUTIES IN ORDER OF THEIR IMPORTANCE IN THE JOB:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, please list hours per week					

EMPLOYER:			ADDRESS:		
JOB TITLE:			SUPERVISOR'S NAME:	TELEPHONE NUMBER	
NO. SUPERVISED BY YOU? Date Employed (Month/Year) Date Separated (Month/Year)			Starting Salary \$ Per	Ending Salary \$ Per	Reason for Leaving?
			LIST MAJOR DUTIES IN ORDER OF THEIR IMPORTANCE IN THE JOB:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, please list hours per week					

EMPLOYER:			ADDRESS:		
JOB TITLE:			SUPERVISOR'S NAME:	TELEPHONE NUMBER	
NO. SUPERVISED BY YOU? Date Employed (Month/Year) Date Separated (Month/Year)			Starting Salary \$ Per	Ending Salary \$ Per	Reason for Leaving?
			LIST MAJOR DUTIES IN ORDER OF THEIR IMPORTANCE IN THE JOB:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, please list hours per week					

PROFESSIONAL REFERENCES (*Note: All references must include complete mailing addresses/email address and telephone numbers)

CONTACT PERSON & TITLE	MAILING ADDRESS, CITY, STATE, ZIP	EMAIL ADDRESS	TELEPHONE NUMBER

Please Read Carefully Before Signing

THE ARC OF HAYWOOD COUNTY, INC. IS AN EQUAL OPPORTUNITY EMPLOYER. WE VALUE A DIVERSE, EQUITABLE AND INCLUSIVE WORKFORCE AND ENCOURAGE APPLICATIONS FROM ALL QUALIFIED INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, AGE, SEX, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, RELIGION, MARITAL STATUS, CITIZENSHIP, DISABILITY OR VETERAN STATUS.

IF YOU ARE HIRED FOR ANY ROLE, PLEASE BE ADVISED THAT WE WILL REQUIRE YOU TO VERIFY THAT YOU HAVE RECEIVED YOUR COVID-19 VACCINATION SERIES (AND BOOSTER IF IT HAS BEEN 6-MONTHS SINCE COMPLETING YOUR LAST SERIES) WITHIN 60-DAYS OF HIRE UNLESS APPROVED FOR A MEDICAL OR RELIGIOUS EXEMPTION BY TAOHC IN WRITING OR ANY OTHER EXEMPTIONS AVAILABLE UNDER APPLICABLE LAW. OUR ORGANIZATION AND/OR STATE REGULATION ALSO REQUIRES HEP B VACCINATION, ANNUAL INFLUENZA, AND TB TESTING.

I UNDERSTAND THAT NEITHER THE COMPLETION OF THIS APPLICATION NOR ANY OTHER PART OF MY CONSIDERATION FOR EMPLOYMENT ESTABLISHES ANY OBLIGATION FOR THE ARC OF HAYWOOD COUNTY, INC. TO HIRE ME. IF I AM HIRED, I UNDERSTAND THAT EITHER THE ARC OF HAYWOOD COUNTY, INC. OR I CAN TERMINATE MY EMPLOYMENT AT ANY TIME AND FOR ANY REASON, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF THE ARC OF HAYWOOD COUNTY, INC. HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY.

I CERTIFY THAT I HAVE GIVEN TRUE, ACCURATE AND COMPLETE INFORMATION ON THIS FORM TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE INFORMATION OR DOCUMENTATION OR A FAILURE TO DISCLOSE RELEVANT INFORMATION MAY BE GROUNDS FOR REJECTION OF MY APPLICATION, DISCIPLINARY ACTION OR DISMISSAL IF I AM EMPLOYED AND/OR CRIMINAL ACTION. I FURTHER UNDERSTAND THAT DISMISSAL UPON EMPLOYMENT SHALL BE MANDATORY IF FRAUDULENT DISCLOSURES ARE GIVEN TO MEET POSITION QUALIFICATIONS.

(Authority G.S. 126-30, G.S. 14-122.1).

SIGNATURE OF APPLICANT

DATE

(UNSIGNED APPLICATIONS WILL NOT BE PROCESSED)

Applications will be kept on file for 90 days. If you wish to apply for a different position within that time, you must fill out another application.

The Arc of Haywood County

EMPLOYMENT APPLICATION ATTACHMENT

APPLICANT MOTOR VEHICLE VIOLATION HISTORY

(To be attached to all applications for positions requiring agency vehicle operation)

The position for which you have applied requires the operation of agency vehicles. Additional information is necessary to determine if you are qualified to perform driving duties. Please answer all questions below and sign in the space provided. You may use the back for additional details if necessary.

Drivers License Number: _____ State: _____ Expiration Date: _____

1. Have you been convicted or pled guilty to a lesser charge in the past 3 years of driving under the influence or while intoxicated (DUI, DWI)?

Yes No If yes, give days, location, details

2. Have you ever been convicted in the past 3 years of reckless driving?

Yes No If yes, give days, location, details

3. Have you ever been convicted of driving with a revoked or suspended license or permit?

Yes No If yes, give days, location, details

4. Have you ever been convicted of leaving the scene of an accident?

Yes No If yes, give days, location, details

5. List speeding tickets and other moving traffic violations received in the last 3 years. Give dates, location, specific charges, details, and disposition.

6. Do you have a motor vehicle operator's permit (expired or unexpired) from another state?

Yes No If yes, give state and number.

7. Have you ever been denied employment, suspended, suspended from driving, or discharged because of a motor vehicle or traffic violation, revocation or suspension of operator's permit, or due to the results of a drug or substance use test?

Yes No If yes, give full details

The above responses are a true and accurate account of my driving history. I understand incorrect or false answers will result in denial of employment, or termination if employed. I authorize a motor vehicle records check.

Applicant's Signature

Date

The Arc of Haywood County
PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

I understand that in connection with my application for employment, a background screening will be conducted which may include requests for information relating to my driving record, credit history, criminal record, civil matters, previous employment, education background, and other past experiences.

I hereby authorize the Arc of Haywood County, Inc. to investigate all information furnished by me on my employment application. I authorize any and all police and law enforcement agencies, courts or other agencies as may be contacted to release any records or information which may have a bearing upon convictions relative to me. I hereby release above agencies from any and all liability in conjunction with the release of said records of information.

Last Name	First Name	Middle
Social Security Number	Driver's License Number & State	Date of Birth
Former Names		

Signature

Date

SUBMIT