



JOSEPH'S

COMMUNITY SUPPORT SERVICES, INC.
LEADERS IN COMPLIANCE & SERVICE

Director of Human Resources

2005 North Queen Street

Kinston NC 28501

O: 252-520-2001

F: 252-520-0024

E: HR@JosephsCommunitySupportServices.com

W: www.JosephsCommunitySupportServices.com

Application for Employment

We consider applicants for all positions without regard to race, color, national origin, age, gender, religion, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

(PLEASE PRINT OR TYPE)

PERSONAL INFORMATION:

Last Name		First Name		Middle Name	
Present Address	Street	Apt. #	City	State	Zip Code
Permanent Address (if different from above)	Street	Apt. #	City	State	Zip Code
Telephone Numbers	Email Address			Date of Application	
Day ()	-				
Evening ()	-				

Have you ever used another last name in which your education or employment records are filed? Yes No
If yes, give name _____

EMPLOYMENT DESIRED:

Position(s) Desired	List Any Geographical Preference
Date Available to Start	Salary Desired
Drivers License #	Can You Show Proof of Automobile Insurance? <input type="checkbox"/> yes <input type="checkbox"/> no

What days and times would you be available to work?	Morning	Afternoon	Evening	Overnight
Weekdays				
Weekends				

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Position Requisition No.: _____ Position Applied For: _____ Hiring Supervisor: _____

Forwarded To: _____ Date: _____ Action: _____

Reference Reference Reference CRC _____ MVR _____ _____ _____ _____

JOSEPH'S COMMUNITY SUPPORT SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER

	High School	Undergraduate College/University	Graduate or Professional School	Vocational
Name and Location of School				
Years Completed	9 10 11 12	1 2 3 4 5	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of study				
Describe any honors received				

EDUCATION:

Please describe any specialized training, apprenticeships, licenses, certifications and skills. Include date(s) and source(s) of issuance:

Please list professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.

Are you eligible for employment in the United States?

Yes No

Can you travel if the job requires it?

Yes No

Have you ever filed an application with JCSS, Inc or any of its merged companies before?

Yes No

If yes, give date: _____

Have you ever been employed with JCSS, Inc or any of its merged companies before?

Yes No

If yes, give date: _____

Are you currently employed?

Yes No

If yes, may we contact your present employer:

Yes No

Have you, since the age of 18, been convicted of a misdemeanor or felony, other than minor traffic violations?

Yes No

If yes, explain: _____

Note: Conviction will not necessarily disqualify an applicant from employment

*Start with your present or last job. Include any job-related military service assignments and volunteer activities.
This section must be completed even if you are attaching a resume.*

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason For Leaving		Starting	Ending	

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason For Leaving		Starting	Ending	

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason For Leaving		Starting	Ending	

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason For Leaving		Starting	Ending	

If you need additional space, please continue on a separate sheet of paper

How did you learn about our organization? (Check all that apply.)

Advertisement

Walk-in

Flyer

Employment Agency

Employee Referral

Friend

Relative

Other

Website

Please add any additional statements you would like us to know in consideration of your application for employment.

REFERENCES (List 3 professional references other than relatives who we may contact to verify professional skills)

Name	Occupation	Place of Business	Phone
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Name	Occupation	Place of Business	Phone
------	------------	-------------------	-------

Name	Occupation	Place of Business	Phone
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APPLICANT'S STATEMENT

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

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.

Applicants will be required to provide names, telephone numbers and addresses of professional references. Your signature on this application releases the references from any damage which might result from furnishing personal employment information. JCSS, Inc's Drug Free Workplace Policy requires all employees to report to work in a substance-free condition. In compliance with this policy, I hereby acknowledge that if I am hired, I may be required to undergo a drug screening by urinalysis. Further, I acknowledge that refusal to do so, or a drug-positive result may be grounds for termination. I also agree to submit to a urinalysis and blood (for alcohol) test if needed in a post rehabilitation recovery periodic test and the required post-accident testing.

All applicants of JCSS, Inc are required to undergo a criminal history check to be considered for employment with the company. I acknowledge that JCSS, Inc may be required to provide the results of this check to 3rd party business partners or agencies, and by signing this application I hereby authorize JCSS, Inc to make such disclosure.

Applicant's Signature

Date

AUTHORITY FOR RELEASE OF INFORMATION
State Access Only
Name Check Access

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with JOSEPHS COMMUNITY SUPPORT SERVICES INC pursuant to DHHS-LONG TERM - STATE AND FED - NCGS 122C-80B/131D-40A A1/131D-40A A1.

(Type or print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a HARD COPY of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's/Volunteer's Signature

Date

This form must be maintained on file with the above named agency for one year. UPON COMPLETION OF THIS FORM, MAIL A PHOTOCOPY TO THE ADDRESS INDICATED BELOW:

State Bureau of Investigation
Criminal Information and Identification Section
Attn: Applicant Unit
Post Office Box 29500
Raleigh, North Carolina 27626-0500

ORI # HCPC00151 - JOSEPHS COMMUNITY SUPPORT SERVICES INC

HCPC00151



Criminal Disclosure Statement

JOSEPH'S COMMUNITY SUPPORT SERVICE requires each staff applicant to complete and sign the following declaration.

It is understood that this information will remain confidential and will not be released without prior signed permission. A printed version of this form will be included in the application packet you will receive.

It must be signed and submitted with any application for staff positions.

You will be asked to answer these questions "YES" or "NO" and to explain any YES responses.

HAVE YOU EVER:

1. Been convicted of a felony?
2. Been convicted of a crime involving child abuse, child neglect, elder abuse, moral turpitude or physical violence?
3. Suffered any serious mental illness which might create a risk to those served by JOSEPH'S COMMUNITY SUPPORT SERVICE as determined by and documented by a licensed physician or licensed psychologist?
4. Evidenced drug or alcohol addiction within the past year determined or documented by a licensed physician?
5. Been named as a perpetrator in an indicated or founded report of child abuse in accordance with the Child Protective Service Law (North Carolina)?
6. Do you have any pending criminal arrests and/or charges related to child abuse, neglect and /or child sexual abuse, elder abuse or physical violence?

Excluded from this declaration are:

1. Traffic fines of \$50 or less.
2. Any offense, other than an offense related to child abuse and/or child sexual abuse, committed prior to your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law.
3. Any conviction, which has been expunged under the Federal Youth Correction's Act or similar state authority.
4. Any conviction, the record of which has been expunged under federal or state law.

I declare that the information provided above is true and accurate and that I have read and understand JOSEPH'S COMMUNITY SUPPORT SERVICE Policies and Procedures on Institutional Abuse and Neglect.

Signature	Printed Name	Date
Signature	Printed Name	Date

JOSEPH'S COMMUNITY SUPPORT SERVICES, INC.

TELL ME IN TEN OR LESS SENTENCES YOUR DREAM VACATION