

Dear Applicant,

We want to thank you for your interest in working with us. Attached you will find an application, reference request, and background check. We ask that you fill in each blank where appropriate and write **COMPLETE** address including city, state, and ZIP when asked.

**Background Check:** We also run a background and Motor Vehicle Report prior to employment. Please complete the entire form.

**Reference Request:** Please complete the areas that are highlighted. We will mail the reference request to your current/past employer.

**Drug Screening:** All applicants will undergo pre-employment drug testing prior to employment. Please acknowledge on attached form.

Applications with incomplete addresses or missing information will not be considered.

***\*\*\*Please write legibly\*\*\****

# C.C.C.D.D., Inc.

Date of Application: \_\_\_\_\_

(256) 737-1915  
Fax (256) 734-3231

1807 Beech Avenue SE  
Cullman, AL 35055

## Employment Application

*Please complete the entire application.*

It is the policy of the Cullman County Center for the Developmentally Disabled, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

### 1. Applicant Information

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

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

City/State/ZIP: \_\_\_\_\_

How do we contact you? Home? Cell? Email? Please list: \_\_\_\_\_

\_\_\_\_\_

2. Job Position Applied for: \_\_\_\_\_

Full or Part-Time: \_\_\_\_\_

3. Who referred you to our company? \_\_\_\_\_

Do you have any friends or relatives who work here? If yes, please list:

\_\_\_\_\_

4. Have you applied to our company previously?  Yes  No If yes, when? \_\_\_\_\_

5. Have you been employed with us before?  Yes  No

6. Are you at least 18 years old?  Yes  No

7. How will you get to work? \_\_\_\_\_

8. Are you willing to work any shift, including nights and weekends?  Yes  No

If no, please state any limitation: \_\_\_\_\_

9. Can you travel if a job requires it?  Yes  No

10. If you are offered employment, when would you be available to begin work? \_\_\_\_\_

11. If hired, are you able to submit proof that you are legally eligible for employment in the United States?

Yes  No

12. Are you able to perform essential functions of the job position you seek with or without reasonable accommodation?  Yes  No What reasonable accommodation if any, would you request?

\_\_\_\_\_

13. Have you ever been convicted of a felony or misdemeanor?

Yes, I was convicted of \_\_\_\_\_  
on \_\_\_\_\_ (date) in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

No

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

14. Applicant Employment History – List your current or most recent employment first. Please list all jobs (including self-employment, military service, and volunteer activities) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_

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

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

City/State/ZIP: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment (month/year): \_\_\_\_\_

Pay Rate starting: \$ \_\_\_\_\_ Pay Rate Final: \$ \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

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

City/State/ZIP: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment (month/year): \_\_\_\_\_

Pay Rate starting: \$ \_\_\_\_\_ Pay Rate Final: \$ \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

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

City/State/ZIP: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment (month/year): \_\_\_\_\_

Pay Rate starting: \$ \_\_\_\_\_ Pay Rate Final: \$ \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates of Employment (month/year): \_\_\_\_\_  
Pay Rate starting: \$ \_\_\_\_\_ Pay Rate Final: \$ \_\_\_\_\_

List professional, trade, business or civic activities and office held. \*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Applicant's Education and Training

College/University Name and Address: \_\_\_\_\_

Did you receive a degree?  Yes  No

High School/GED Name and Address: \_\_\_\_\_

Did you receive a diploma?  Yes  No

Other Training (graduate, technical, vocational): \_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold: \_\_\_\_\_

Awards, Honors, Special Achievements: \_\_\_\_\_

Military Service:  Yes  No Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

16. References – List any three non-relatives who would be willing to provide a reference for you.  
(Please fill in complete addresses)

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

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

17. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Describe any specialized training, apprenticeship, skills and extra-curricular activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Will you consent to a mandatory controlled substance test?  Yes  No

### CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize the Cullman County Center for the Developmentally Disabled, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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

\_\_\_\_\_  
Date

# APPLICANT'S AUTHORIZATION FOR BACKGROUND SCREENING



## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by CCCDD, Inc. ("the Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by InfoMart, Inc., 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774, www.infomart-usa.com, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**Account: 101-106709**

### Applicant Information (Please Print)

\* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security Number: *	City: State: Zip:
Driver's License Number.: State:	Former Address: (2)
Date of Birth: * Place of Birth: (City, State, Country)	City: State: Zip:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Request submitted through the WebASAP portal on \_\_\_\_\_, faxing for Infomart's records.*

**Email or Fax ALL documents to:**

**Cust.Service@infomart-usa.com**

**(770) 984-8997**

# APPLICANT'S DISCLOSURE FOR BACKGROUND SCREENING



## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Applicant Name: (First Middle Last)	Account Number: 101-106709
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CCCDD, Inc. ("the Company") may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

These searches will be conducted by InfoMart, Inc., 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774, [www.infomart-usa.com](http://www.infomart-usa.com).

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Request submitted through the WebASAP portal on \_\_\_\_\_, faxing for Infomart's records.*

**Email or Fax ALL documents to:**

**[Cust.Service@infomart-usa.com](mailto:Cust.Service@infomart-usa.com)**

**(770) 984-8997**

**Cullman County  
Center for the  
Developmentally  
Disabled, Inc.**

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**CCCDD @ The  
Margaret Jean  
Jones Center**

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**Connect  
Industries**

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**T.O.D.D.'s Club  
Early  
Intervention**

---  
**Todd's Friends  
Daycare**

---  
**Cullman 310  
Authority**

**A proud**  
  
**Agency**

**1807 Beech  
AVE SE  
Cullman, AL  
35055  
256.737.1915  
Fax 734.3231**

**[www.cccdd.com](http://www.cccdd.com)**

**Find us on  
Facebook:  
CCCDD Inc.**

## EMPLOYEE DRUG SCREEN ACKNOWLEDGEMENT

My signature is an acknowledgement that prior to employment with any programs operated by CCCDD, Inc., I must undergo pre-employment drug testing.

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Applicant Signature

Date

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Applicant Printed Name



**CULLMAN COUNTY CENTER for the DEVELOPMENTALLY DISABLED, INC.  
(CCCDD, Inc.)  
DRUG TESTING AUTHORIZATION & CONSENT FORM**

I, the undersigned, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of my urine by a collection site and laboratory to be designated by CCCDD, Inc. or its designated agent, for the purpose of drug testing.

I authorize the collection site, laboratory and medical review officer (MRO) to disclose the results of my drug tests to CCCDD, Inc.

I acknowledge that the drug test results will be utilized by CCCDD, Inc. to determine my eligibility for employment or continued employment, therewith.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine by the collection site and laboratory, or a refusal to authorize the above disclosure of the test results will be treated as a positive drug test. I further acknowledge that a positive drug test will result in disciplinary action up to and including denial of employment or termination, if hired.

In addition, I hereby knowingly and voluntarily release CCCDD Inc., its designated agent, the collection site, the testing laboratory and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I further authorize the testing laboratory to disclose the results of my drug screen to CCCDD, Inc., or its designated agents, for a period of time not to exceed two years from the date of my signature below.

I acknowledge that I have the right to receive a copy of this authorization.

I have read and understood the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Printed Name \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_

# C.C.C.D.D., Inc.

(256) 737-1915  
Fax (256) 734-3231

1807 Beech Avenue SE  
Cullman, AL 35055

## REFERENCE REQUEST

DATE \_\_\_\_\_

I have applied to CCCDD, Inc. for employment, and I desire that they be fully advised of my employment record with your organization. I, therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

We appreciate your replies to the following questions. All information will be held in strict confidence for our own use and benefit, without prejudice or liability on your part. A SASE is enclosed for your convenience.

Name \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Company  
Name/Address/Supervisor \_\_\_\_\_

Employee's Reason for leaving \_\_\_\_\_

### EMPLOYER, PLEASE COMPLETE:

The information indicated above is correct ( ) / Incorrect ( ). If incorrect, please note any discrepancies:

Evaluation: (E = excellent, G = good, F = fair, P = poor)

Ability \_\_\_\_\_ Performance \_\_\_\_\_ Cooperation \_\_\_\_\_ Attendance \_\_\_\_\_ Initiative \_\_\_\_\_ Personality \_\_\_\_\_

Would you re-employ?  Yes  No If not, please give reason: \_\_\_\_\_

Did this employee ever suffer from an injury or severe illness resulting in reduced capacity or lost work time?

Yes  No  If yes, please explain: \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_

*Please attach additional comments*