

FAMILY FIRST SUPPORT CENTER, INC.

110 SW Center Street, Mt. Olive, NC 28365



Date of Application _____

Type or Print.

Last Name	First Name	Middle Name	Social Security Number
Address (Street number and name)		City	County
State	Zip Code	Phone (Home or where you can be reached)	Business Phone
Have you lived in NC for the past 5 years? ___ YES ___ NO	Availability: Do you now work for the FFSC? ___ YES ___ NO Are you related by blood or marriage to any person now working for the FFSC ___ YES ___ NO If yes, give name, relationship to you and the agency where employed.		Have you ever worked for FFSC? ___ YES ___ NO If yes, gives dates of employment _____

Criminal History:

As a condition of employment, all applicants must consent to a criminal history record check in order to be considered for employment. We will not employ an applicant who refuses to consent to a criminal history record check as prescribed in NC Law, S.L. 1997-125, Senate Bill 876. Do You give us permission to conduct a criminal history record check on yourself? YES NO Please Initial _____

If you have a "Relevant Offense", which means a State crime, whether a misdemeanor or felony, that bears upon an individual's responsibility for the safety and well-being of aged or disabled persons, you may not be considered for employment.

Have you been convicted of a crime in the past 10 years? ___ YES ___ NO

Have you ever been convicted of a traffic violation? ___ YES ___ NO (If yes, explain fully on a additional sheet and attach)

CHECK the types of work you will accept: ___ 1. Permanent full-time ___ 2. Permanent part-time

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____

Will you accept work anywhere in N.C.? ___ YES ___ NO (If no, list below the counties in which you would be willing to work.)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Jobs Applied For *Current FFSC job openings are listed at www.familyfirst1.com and you may print a copy from the Forms section.*

Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.

1. _____ 2. _____ 3. _____

Referral Source

Please indicate your referral source: _____

If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr)		Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
		From:	To:				
High School				YES NO			
College(s) University (s)				YES NO			
Graduate or Professional				YES NO			
Other educational, vocational school, internships, etc.				YES NO			

Certifications:

Have you ever been clinically privileged to provide the following service(s): ___ YES ___ NO

CAP HRI CBI P.A. OTHER _____

If yes, give detailed information under "Work History" in the "list major duties" section of this application.

Military Service:

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? YES NO

Branch of Service	Rank at Discharge	Dates of Service From / To	Duties

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary				
Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving	May We Contact Employer YES NO
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you
Date Employed (mo/yr)	Starting Salary	Ending Salary	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you
Date Employed (mo/yr)	Starting Salary	Ending Salary	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
<p>I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and 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.)</p>				
Signature of Applicant (unsigned applications will not be processed)			Date	

Attach DD214 if you were active duty



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CONSUMER REPORTS RELEASE

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me; including consumer credit, criminal records, driving record, education, prior employee verification, and workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State, local and other agencies, which may contain my past activities.

I hereby authorize without reservation, and party or agency contacted by this employer to furnish the above-mentioned information.

I have the right to make a request of Tracers Information Specialists, upon proper identification and the payment of any authorized fee the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Print your Name _____

Street Address _____

City _____ State _____ Zip _____

State in which Driver's License was issued _____ License Number _____

For identification purposes:

Date of Birth _____ Day _____ Year _____ Race _____ Gender _____

Other or former Names _____

Professional License _____

Signature _____ Date _____