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844-303-1298 (Fax)
www.davidsonfamilyservices.org

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from the application
and retain for your
reference.

Employment Application Checklist

APPLICANT MUST HAVE HIGH SCHOOL DIPLOMA OR GED

- ◆ Davidson Family Services is required to do a **North Carolina Statewide Criminal Background and Drivers Record Check** for all applicants. If the applicant has not been a resident of NC 5 years or longer a **National Criminal Background** is required. Employment is conditional upon the results of the National Background Check. If an applicant believes that his or her criminal background and or drivers record check is incorrect call Davidson Family Services at (828) 299-1720 Ext 260 or Ext 0 and ask for the HR department. You will be assisted with determining the accuracy or completeness of your records. If an applicant thinks the information contained in the SBI or FBI fingerprint record is wrong he/she must write to the SBI directly at SBI Identification Section – Bld 16, 3320 Old Garner Rd, Raleigh, NC 27626-0500, (919) 662-4509. The SBI will assist the applicant on how to challenge the accuracy or completeness of the record.
- ◆ All applicants considered final candidates for a position will be drug tested.

Applicant will need to provide the following information:

- ◆ High School Diploma/GED or College Diploma - must provide original (copies will not be accepted)
- ◆ Driver's License
- ◆ Social Security Card
- ◆ Auto Insurance: Minimum Coverage Required: Liability \$100,000 Per Person, \$300,000 Per Accident, \$50,000 Property Damage
- 2 First Aid Kits OSHA Standards (1 for home and 1 for automobile)
- ◆ If you are applying for an AFL position you will also need 3 letters of reference from previous employers, co-workers, or someone, other than a relative, you have known at least one year. Include name and phone number for verification.

The following training is required for employment.

CPR & First Aid	Safety
Bloodborne Pathogens	Client Rights
NC Interventions (NCI)	Orientation
Introduction To Developmental Disabilities	Person Centered Planning
Medication Administration	HIPAA
Cultural Competency	Code of Ethics
Workplace Violence	Drug Free Workplace
Core Values	Accessibility

Applicant is not paid for time while attending training classes

Licenses/ Certifications

Please list any relevant licenses, certifications, special training, or experience (Please include copies of certifications/licenses with your application package) :

Household Occupancy (excluding yourself)

Name	Age	Relationship to Applicant	Place of Employment/ School

Please list any health/medical limitations:

Why do you want to be a care provider/what can you offer a person with a developmental disability?

Personal/ Character References

Name	Telephone Number	Address

AFL Section: Complete this page ONLY if you wish to be considered for the AFL program (to have someone live in your home).

Are you employed outside the home? ____ Yes ____ No

If you answered yes please complete this section:

Where are you employed : _____

What are your working days/hours Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Do you plan to continue working after someone is placed in your home (this will not disqualify you from consideration) ____ Yes ____ No

Will you be able to provide a client with his/her private bedroom? ____ Yes ____ No

Directions to your home:

Position applying for: _____ Part Time Full Time

Please indicate times/ days available: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Are you willing to have a physical examination, including a TB test? Yes No

Are you willing to participate in training sessions provided or specified by the governing mental health agency? Yes No

Have you ever been convicted of an offense either sexual, criminal, or traffic? Yes No

(Please do *not* disclose any conviction or plea that has been expunged from your record.)

Have you ever been convicted of Medicaid or Medicare fraud? Yes No

If you answered yes to either of the last two questions please explain and provide dates:

***NC Innovations regulations prohibits Davidson Family Services from employing individuals who are legally responsible for the care and support of the waiver recipient as follows: (1) Parents or stepparents of a minor child may not provide services to their own child. (2) A spouse may not provide services to his/her own spouse. (3) A parent or stepparent of a minor child or a spouse may not own the Provider Agency that provides services to his/her own child/spouse.**

Are you a parent or stepparent of a minor child with MR/DD that receives Innovations services? Yes No

Do you provide Innovations services for a spouse with MR/DD? Yes No
.....

I certify the information I have provided is correct and I understand that providing false information is grounds for dismissal and can lead to criminal charges. Furthermore, I understand that due to the requirements of the position(s) for which I am applying I must disclose any criminal conviction and that due consideration will be given me in relation to the job for which I am applying.

Davidson Family Services has permission to check my driving and criminal record, health care registry, exclusions, verify my diploma, degree and certifications, and contact personal and professional references to inquire as to the quality of my work and my ability to work with persons with developmental disabilities.

Signature

Date

Drug Free Workplace Policy

As a condition of employment, Davidson Family Services requires that employees adhere to a strict policy regarding the use and possession of drugs and alcohol or controlled substances. All applicants considered final candidates for a position will be tested for the presence of illegal drugs, alcohol, or control substances as a part of the application process. Applicants will be advised of pre-employment testing requirements in writing prior to an offer of hire. Applicants will be asked to sign the Consent Agreement. If an applicant refuses, he or she will not be considered for employment, and the employment application process will be terminated.

CONSENT AGREEMENT TO DRUG AND ALCOHOL TESTING

As a prerequisite to employment, I hereby agree to allow Davidson Family Services to collect urine samples from me to determine the presence of drugs and/or alcohol in my body. Further, I give my consent to the release of my test results to authorized Company management for appropriate review.

I understand that the results of the drug and alcohol testing of my urine, if positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by Davidson Family Services, I must abide by the terms of this Policy and may be required to submit to testing for the presence of drugs or alcohol for reasons stated in the Policy. I understand that submission to such testing is a condition of employment with Davidson Family Services and disciplinary action, up to and including discharge, may result for violation of the Policy.

I hereby consent to the administration of the drug and alcohol test and to the terms and conditions of this Consent Agreement.

Applicant Signature

Date

DHI Representative

Date



As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

AUTHORIZATION TO RELEASE INFORMATION

I, _____
Last Name First Name Middle Name

Current Address

Date of Birth Other Names Used (including maiden name) Years Used

Social Security Number Driver's License Number State

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of Davidson Family Services to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by Davidson Family Services for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by Davidson Family Services to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

****I hereby do _____ do not _____** authorize Davidson Family Services to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to Davidson Family Services upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which Davidson Family Services has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name Applicant Signature Date

Disclaimer: This form is not meant to provide legal advice of any kind. Legal advice should be sought from your attorney. We make no claims, promises or guarantees about the accuracy, completeness, or adequacy of the information contained herein. We make no warranty that this form is appropriate for your particular needs.