



APPLICATION INSTRUCTIONS AND RELEASE

PLEASE READ AND SIGN BELOW

TO APPLICANT: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS ON PAGE THREE (3). The Civil Rights Act of 1964 and the Americans with Disabilities Act (ADA) of 1990, as amended prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age and citizenship. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way. If the employer decides to employ me, I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason. No one other than the President/CEO of Boys & Girls Homes of North Carolina, Inc. has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer of the Board of Trustees. This Company is hereby authorized to make any investigation of my personal history, financial and credit records through any investigative or credit agencies bureaus of your choice. This authorization includes making a driver's record check through the North Carolina Department of Motor Vehicles (or any state that you have had a drivers license) and a criminal state and federal investigation.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends and/or others. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made. This application is being submitted for the sole purpose of my seeking regular employment for the stated position.

PLEASE PRINT NAME AND SIGN:

SIGNATURE OF APPLICANT

DATE



Mail To:
ATTENTION: Amber Morgan
400 Flemington Drive
PO Box 127
Lake Waccamaw, NC 28450
910-646-3083 • Fax: 910-646-3609

Scan To: amber.morgan@bghnc.org

EMPLOYMENT

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. If more space is needed to complete any question, use comments section at the bottom of this page.
3. Print clearly; incomplete or illegible applications will not be processed. Please note "Not Applicable" if not answering a question.

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

EMAIL ADDRESS: _____

AVAILABILITY

For which position(s) are you applying? _____

What date can you start? _____

What category would you prefer? Full-time Part-time Temporary

For which schedules are you available? Weekdays Weekends Evenings Nights

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

DRIVER'S LICENSE INFORMATION:

Name on license _____

☐ Yes ☐ No Have you had any moving violations? Please describe.

☐ Yes ☐ No Can you perform the essential functions of this job with or without reasonable accommodation?

List languages in which you are fluent. _____

Please attach an updated resume including all training, license, certification, volunteer, internship and employment experience that apply to this position.

SECURITY

☐ Yes ☐ No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, below.

☐ Yes ☐ No Have you ever been convicted of a crime? If so, please describe in the boxes below. Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.

DATE	CITY/STATE	CHARGE
1.		
2.		

COMMENTS

ASK FOR ADDITIONAL PAGE IF NECESSARY

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical.*

MOST RECENT EMPLOYER

☐ Yes ☐ No Are you currently working for this employer?

PHONE ()

COMPANY NAME

CITY

STATE

FROM TO

DATE EMPLOYED

JOB TITLE

SUPERVISOR NAME

DUTIES

PER

SALARY (HOUR, WEEK, MONTH)

REASONS FOR LEAVING

SECOND MOST RECENT EMPLOYER

PHONE ()

COMPANY NAME

CITY

STATE

FROM TO

DATE EMPLOYED

JOB TITLE

SUPERVISOR NAME

DUTIES

PER

SALARY (HOUR, WEEK, MONTH)

REASONS FOR LEAVING

THIRD MOST RECENT EMPLOYER

PHONE ()

COMPANY NAME

CITY

STATE

FROM TO

DATE EMPLOYED

JOB TITLE

SUPERVISOR NAME

DUTIES

PER

SALARY (HOUR, WEEK, MONTH)

REASONS FOR LEAVING

FOURTH MOST RECENT EMPLOYER

PHONE ()

COMPANY NAME

CITY

STATE

FROM TO

DATE EMPLOYED

JOB TITLE

SUPERVISOR NAME

DUTIES

PER

SALARY (HOUR, WEEK, MONTH)

REASONS FOR LEAVING

FIFTH MOST RECENT EMPLOYER

PHONE ()

COMPANY NAME

CITY

STATE

FROM TO

DATE EMPLOYED

JOB TITLE

SUPERVISOR NAME

DUTIES

PER

SALARY (HOUR, WEEK, MONTH)

REASONS FOR LEAVING

EMPLOYMENT REFERENCES: Include two or more individuals familiar with your work ability. Do not include relatives.
PLEASE NOTE: We will be contacting these references so ensure the information is accurate.

NAME	EMAIL/ADDRESS/PHONE	RELATIONSHIP/ YEARS KNOWN
1.		
2.		

PERSONAL REFERENCES: Include two or more. Do not include relatives.
PLEASE NOTE: We will be contacting these references so ensure the information is accurate.

NAME	EMAIL/ADDRESS/PHONE	RELATIONSHIP/ YEARS KNOWN
1.		
2.		

EDUCATION:
NOTE: Do not fill out any part of this section you believe to be non job-related.

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name: _____

NAME	CITY/STATE	DATES	DEGREE	MAJOR
HIGH SCHOOL				
COLLEGE				
OTHER				

SIGNATURE	DATE
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SPECIAL SKILLS

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this internship or organization.

Attach Résumé

Please use this space if you need additional room for any response. Be sure to note the question or section for which additional space was needed.

Boys and Girls Homes of North Carolina, Inc.

400 Flemington Drive
Post Office Box 127
Lake Waccamaw, North Carolina 28450

Physical Job Safety Analysis (JSA)
-Application-

This information is specific to the physical requirements for the safe performance of specific positions. **Please sign only and return this form with your application.** Thank you!

Employee Information

Today's Date: _____ / ____ / 20____

Employee Name: _____

Job Title: _____

Major Physical Job Responsibilities:

(Includes activities i.e. lifting, carrying, walking distance, surface, stairs, repetitive motions, etc.)

- | | |
|--|---|
| 1. Instruct troubled youth | 4. Supervise youth & provide for physical safety |
| 2. <u>Ability to stand, walk and sit</u> | 5. <u>Cognitive skills necessary to make decisions</u> |
| 3. <u>Adequate ability to see and hear</u> | 6. <u>Participate in disciplinary procedures/restraints</u> |

Body Movements – Physical Requirements

(Based on total hours in a typical 8-10 hour)

All Numbers Represent Approximate Hrs.

		Physical Client		Push
Bend at Waist:	3-5	Sports:	1-3	push 1-10: 1-3
Twist Upper Body:	3-5	Restraints:	1-3	push 11-25: 1-3
Kneel:	1-3	Other:	NA	push 26-50: 1-3
Walk Uneven:	1-3			push 50+: 1-3
Climb Stairs/Ladder:	1-3			
Reach over	1-3			

Repetitive Use of Hands for...

Squeezing:	1-3
Keyboarding	1-3
Tool Use:	1-3

Lift (lbs.):		Pull (lbs):	
Lift 1-10:	1-3		
Lift 11-25:	1-3	pull 1-10:	1-3
Lift 26-50:	1-3	pull 11-25:	1-3
Lift 50+:	1-3	pull 26-50:	1-3

Endurance:

Sit:	3-5
Stand:	1-3
Walk:	3-5

Carry	
Carry 1-10:	1-3
Carry 11-25:	1-3
Carry 26-50:	1-3
Carry 50+:	1-3

Signature of Applicant

*Verification that applicant meets the
Listed requirements

Time Spent Working:

Indoors:	1-3
Outdoors:	1-3

OTHER INFORMATION

Supervises all aspects of cottage activities for troubled youth in treatment. May be involved in physical restraint situations when needed. Workers must have physical, visual, verbal and cognitive abilities to ensure the safety of youth and co-workers.

APPLICANT/EMPLOYEE INFORMATION SHEET

Job Applicants/Employees: Please provide the following information about yourself. It will be used to facilitate the background check that you have authorized.

First Name

Middle Name

Last Name

Date of Birth (MMDDYYYY)

Other Names Known By

☐

Male

☐

Female

Social Security Number

Primary Telephone Number

Driver's License Number

License State

Email Address

Current Address

#yrs at address

City

State

Zip Code

If you have lived at another address in the last seven years, please provide information below as to each such address. (Note: If you do not have enough space below, please provide additional address information on a separate sheet of paper.)

Past Address

#yrs at address

City

State

Zip Code

Past Address

#yrs at address

City

State

Zip Code

Signature

Today's Date

North Carolina Division of Social Services
Responsible Individuals List (RIL) Information Request

INSTRUCTIONS (Please read carefully):

- ⇒ **ALL INFORMATION ON THIS FORM MUST BE TYPED.**
- ⇒ **THE APPLICANT'S IDENTIFYING INFORMATION MUST BE VERIFIED.**

G.S. § 7B-311 authorizes the NC Department of Health and Human Services to provide information from the Responsible Individuals List (RIL) to child caring institutions, child placing agencies, group home facilities, and other providers of foster care, child care, or adoption services that need to determine the fitness of individuals to care for or adopt children. This does not include teachers or employees otherwise not covered below.

All sections of this form must be completed by the requesting agency, signed and dated by the requesting agency and the prospective applicant.

Requests for information may be submitted to:

FAX: (984) 285-7159

OR

MAIL: (include a self-addressed stamped envelope):

NC Division of Social Services
ATTN: RIL
952 Old US Hwy 70
Black Mountain, NC 28711

REQUESTING AGENCY INFORMATION:

Agency Name: Boys & Girls Homes of NC
Address: P.O. Box 127
City/State/Zip: Lake Waccamaw, NC 28450
Phone: (910) 646-3083
FAX: (910) 646-3609
EMAIL: amber.morgan@bghnc.org

TYPE OF AGENCY (Check one):

- | | |
|---|---|
| <input type="checkbox"/> Child Placing Agency (Foster) | <input type="checkbox"/> County Child Welfare Agency |
| <input type="checkbox"/> Child Placing Agency (Adopt) | <input type="checkbox"/> NC Guardian ad Litem Program |
| <input checked="" type="checkbox"/> Group Home Facility | <input type="checkbox"/> Foster Parent Applicant |

AGENCY CERTIFICATION: I hereby request information from North Carolina's Responsible Individuals List. I certify that I am representing one of the types of agencies listed above and I am requesting this information in order to determine the fitness of individuals to care for or adopt children. I will only use the information requested to approve the applicant or hire/use the services of the individual. I have verified as correct, the name, date of birth, and Social Security number of the applicant.

Name and Title (Typed): Amber Morgan, HR

Signature



APPLICANT INFORMATION: (Typed & Verified)

First Name _____ MI _____ Last Name _____

Date of Birth (MM/DD/YYYY):

_____/_____/_____

Social Security Number (FULL):

____-____-____

Gender: ☐ Male ☐ Female

Other names used (maiden, nickname, former married name, etc.):

APPLICANT ACKNOWLEDGEMENT:

I acknowledge that I have been informed that the North Carolina Division of Social Services will disclose to the named agency on this form, whether my name appears on the RIL, indicating that I am identified as being responsible for the abuse and/or serious neglect of a juvenile.

Signature: _____

Date: _____

NCDSS Office Use Only

- ☐ Form submitted incomplete
- ☐ Ineligible to request information
- ☐ As of _____,
applicant's name is NOT on the RIL.
- ☐ As of _____,
applicant's name is on the RIL.

Completed by:

Staff Name (Print)

Signature