## North Carolina Home Care Independence Program

## **Employment Application and Criminal Record Check Consent Form**

employment opportuni	y?			
First Name		Middle Initial		
State/Zip		Tele Numbers: Home Cell		
Ethnic Group:		Maiden Name, if applicable		
White Black Hispanic Asian American Indian Other		or any previous names		
Social Security Numb	er	Driver's License Number		
	_	State		
If less than 5 years, li	If less than 5 years, list previous addresses:			
City	State	Dates		
City	_ State	Dates		
de completed				
12345678 34				
u have had as a caregiv	er:			
	employment opportunit  First Name  State/Zip  Ethnic Group:  White Black Hispanic Asian _ American Indian Other  Social Security Numb  If less than 5 years, list City City  City de completed  1 2 3 4 5 6 7 8  3 4	State/Zip  Ethnic Group:  White Black Hispanic Asian American Indian Other   Social Security Number If less than 5 years, list previous City State City State de completed  1 2 3 4 5 6 7 8		

## **Employment History (Begin with the most recent position)**

Employer:	Employer Address:	Supervisor:	
Supervisor's Phone #:	Job Title:	Duties and Responsibilities:	
Starting Salary:	Ending Salary:	Reason for Leaving:	
		<u> </u>	
Employer:	Employer Address:	Supervisor:	
Supervisor's Phone #:	Job Title:	Duties and Responsibilities:	
Starting Salary:	Ending Salary:	Reason for Leaving:	
Employer:	Employer Address:	Supervisor:	
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Supervisor's Phone #:	Job Title:	Duties and Responsibilities:	
Starting Salary:	Ending Salary:	Reason for Leaving:	

## **Certification and Authorization**

The above information is true and correct. I understand that, in the event of my employment, I shall be subject to dismissal if any information that I have given in this application is false and misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery. I authorize the Potential Employer to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Potential Employer. I will hold the Potential Employer, and my former employer, harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorizer the Potential Employer to obtain any credit and consumer checks. I understand that nothing in this employment application, the granting of an interview or my sub sequent employment with the Potential Employer is intended to create an employment contract between myself:" and the potential employer, and that my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will, and may be terminated by me or the Potential Employer at any time, and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing. If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the immigration Reform Control Act (IRCA) of 1986. The documents provided will be used for completion of Form I-9.

I give permission to GT Financial Services, on behalf of my Potential Employer, to conduct criminal background,

driving, and employment reference checks. I understand that the results of the background checks will be provided to my Potential Employer. The information gained from the background checks will remain confidential and will be used by the Potential Employer for deciding whether or not to enter into an employer-employee relationship with me. I understand that falsification or willful omission of information provided by me may be sufficient grounds for rejection of my application for employment.				
Applicant Signature: _		_ Date:		
Eff.2/1/13	Return form to potential Employer			