

HILLTOP HOME APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, national origin, disability, genetic information or veteran status.

PERSONAL			
Last Name	First Name	Middle Name	Date of Application
Street Address		Home Phone Including Area Code ()	
		Cell Phone Including Area Code ()	
City, State, Zip		County	Email address:

IF YOU HAVE LIVED AT CURRENT ADDRESS LESS THAN 5 YEARS, PROVIDE PREVIOUS ADDRESS BELOW.

Street Address	
City, State, Zip	County

Have you ever applied for employment with our agency? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, month/year?		
Have you ever been employed by our agency? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when?		
Position Desired	Expected Rate of Pay	
Are you legally eligible for employment in the United States?	How long have you been a permanent resident of the State of North Carolina?	If employment is offered, when would you be available to begin work?
Have you ever been convicted of a FELONY, plead no contest or plead guilty to a lesser charge? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list and explain		
Be aware that a conviction/violation does not necessarily mean that you will not be hired for the position for which you are applying.		
Are you a relative or guardian of a Hilltop Home Child? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate child and relationship.		

EDUCATION				
Note that your highest level of education must be verified. A copy of your diploma will be required due to regulatory requirements.				
SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NO OF YEARS COMPLETED	DEGREE OR DIPLOMA ACHIEVED
HIGH SCHOOL or GED				
COLLEGE				
POST GRADUATE				
OTHER CERTIFICATION OR LICENSURE (RN, LPN, CPR, First Aid, NCI, etc.)				
CURRENT PROFESSIONAL STATUS				
REGISTRATION:		STATE:		NUMBER:
MEMBERSHIP IN PROFESSIONAL, HONORARY OR TECHNICAL SOCIETIES				
COMPUTER SKILLS AND SOFTWARE PROFICIENCY (Please List)				

WORK EXPERIENCE

Please list last three employers, beginning with most recent.

EMPLOYER:		ADDRESS:		
JOB TITLE:		SUPERVISOR'S NAME:	TELEPHONE NUMBER ()	NO. SUPERVISED BY YOU?
Date Employed (Month/Year)	Starting Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	Reason for Leaving?	
Date Separated (Month/Year)	LIST MAJOR DUTIES IN ORDER OF THEIR IMPORTANCE IN THE JOB: _____			
Full Time	Years	Months		
Part Time	Years	Months		
If part time, please list hours per week				
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.				

EMPLOYER:		ADDRESS:		
JOB TITLE:		SUPERVISOR'S NAME:	TELEPHONE NUMBER ()	NO. SUPERVISED BY YOU?
Date Employed (Month/Year)	Starting Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	Reason for Leaving?	
Date Separated (Month/Year)	LIST MAJOR DUTIES IN ORDER OF THEIR IMPORTANCE IN THE JOB: _____			
Full Time	Years	Months		
Part Time	Years	Months		
If part time, please list hours per week				
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.				

EMPLOYER:		ADDRESS:		
JOB TITLE:		SUPERVISOR'S NAME:	TELEPHONE NUMBER ()	NO. SUPERVISED BY YOU?
Date Employed (Month/Year)	Starting Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	Reason for Leaving?	
Date Separated (Month/Year)	LIST MAJOR DUTIES IN ORDER OF THEIR IMPORTANCE IN THE JOB: _____			
Full Time	Years	Months		
Part Time	Years	Months		
If part time, please list hours per week				
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.				

PROFESSIONAL REFERENCES (*Note: All references must include complete mailing addresses and telephone numbers)

CONTACT PERSON & TITLE	COMPLETE MAILING ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE NUMBER

APPLICANT ACKNOWLEDGEMENT - READ CAREFULLY BEFORE SIGNING

HILLTOP HOME IS AN EQUAL OPPORTUNITY EMPLOYER. HILLTOP HOME DOES NOT DISCRIMINATE IN EMPLOYMENT ON ACCOUNT OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, PHYSICAL OR MENTAL DISABILITY, GENETIC INFORMATION, MILITARY STATUS, OR ANY OTHER STATUS PROTECTED BY LAW.

I UNDERSTAND THAT NEITHER THE COMPLETION OF THIS APPLICATION NOR ANY OTHER PART OF MY CONSIDERATION FOR EMPLOYMENT ESTABLISHES ANY OBLIGATION FOR HILLTOP HOME TO HIRE ME. IF I AM HIRED, I UNDERSTAND THAT EITHER HILLTOP HOME OR I CAN TERMINATE MY EMPLOYMENT AT ANY TIME AND FOR ANY REASON, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF HILLTOP HOME HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY.

I HAVE HAD THE OPPORTUNITY TO REVIEW/DISCUSS THE JOB REQUIREMENTS FOR THIS POSITION AND I CAN PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB, WITH OR WITHOUT A REASONABLE ACCOMMODATION. I AUTHORIZE EDUCATIONAL INSTITUTIONS, FORMER EMPLOYERS, FORMER SUPERVISORS AND OTHER PROFESSIONAL REFERENCES TO PROVIDE ANY AND ALL INFORMATION PERTINENT TO MY BEING CONSIDERED FOR EMPLOYMENT. I UNDERSTAND THAT EMPLOYMENT, IF OFFERED, IS CONTINGENT UPON ACCEPTABLE BACKGROUND CHECK AND NEGATIVE DRUG SCREENING RESULTS.

I CERTIFY THAT I HAVE GIVEN TRUE, ACCURATE AND COMPLETE INFORMATION ON THIS FORM TO THE BEST OF MY KNOWLEDGE. I 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).

I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND MEANING, AND AGREE TO ALL OF ITS PROVISIONS.

SIGNATURE OF APPLICANT

DATE

(UNSIGNED APPLICATIONS WILL NOT BE PROCESSED)

Notification and Release
Hilltop Home

The information contained in my application for employment with Hilltop Home (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations, and The Company from any and all liability for any claim or damage resulting from the results. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decision. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by Castle Branch. You may obtain a free copy of the report within sixty days by calling Castle Branch at 888-723-4263 or visit online at www.castlebranch.com. The Company will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

List all names that you have used during the last seven- (7) years (including married, maiden, and aliases): Please Print

Name (First, Middle, Last): _____ Date of Birth (Mo./Day/Yr.) ____/____/____

Maiden Name or "AKA" (First, Middle, Last): _____ Dates Used (Mo./Day/yr.) from: ____/____/____ to: ____/____/____

Social Security#: _____ Driver's License # _____ State _____
Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (Use extra page if necessary)

Street	From:
City, State, Zip, County	To:
Street	From:
City, State, Zip, County	To:
Street	From:
City, State, Zip, County	To:
Applicant Signature	Signature required Date:

For Employer Use Only: Please mark (x) the searches to be conducted.

Contact: Holly Lemieux
Phone: 919-390-0045

email: hlemieux@hilltophome.org
Fax: 919-231-8318

- | | |
|---|---|
| <input type="checkbox"/> Federal Criminal - Statewide (State: __) | <input type="checkbox"/> County Civil |
| <input type="checkbox"/> Federal Criminal - Nationwide | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> County Criminal ; All Counties past 7yrs | <input type="checkbox"/> Verification |
| <input type="checkbox"/> County Criminal - County of Residence | <input type="checkbox"/> Residency History |
| <input type="checkbox"/> Statewide Criminal (State: __) | <input type="checkbox"/> Employment verification (previous _ employers) |
| <input type="checkbox"/> Civil Records (Single County) | <input type="checkbox"/> Reference verification (References) |
| <input type="checkbox"/> U.S. Wants & Warrants for Arrest | <input type="checkbox"/> Education verification (highest complete) |
| <input type="checkbox"/> Parole & Probation Records (State: __) | <input type="checkbox"/> Professional License Verification |
| <input type="checkbox"/> Sexual Offenders Registry Index Check (State: __) | <input type="checkbox"/> Credit Report - Employment |
| <input type="checkbox"/> Motor Vehicle Records (State: __) | <input type="checkbox"/> Credit Report - Tenant |
| | <input type="checkbox"/> Search Maiden Name, Birth Name or AKA |
| | <input type="checkbox"/> (each name constitutes an additional search) |