

**Employer Use Only:**

- Alliance  
 Cardinal  
      5 County  
      Alamance  
      Mecklenburg  
      OPC  
 Eastpointe  
 Partners  
 Sandhills  
 Vaya Health



## United Support Services, Inc.

2331 Crownpoint Executive Drive Ste "J", Charlotte, NC 28227  
 704-841-3544 \* fax 704-841-3545 website: www.ussnc.org

A  Internationally Accredited Agency

"The works of many coming together for the good of One"

## Employee Application

### PERSONAL DATA

First	Middle	Last	Maiden Name	
Marital Status	Date of Birth	SS#	Sex: M F	
DL #	DLState	Exp. Date		
First Date Available to Work		Application Date		
How Did You Learn About Us?				
Have you ever been convicted of: a felony? YES NO Misdemeanor? YES NO (Traffic tickets not dismissed are considered misdemeanors.)				
If yes explain:				
<b>CURRENT PHYSICAL ADDRESS: County:</b> _____ <b>Number of Years Lived There?</b> _____				
Street		City	State	Zip
Home # ( )		Cell # ( )	Fax # ( )	
Email Address:				
<b>MAILING ADDRESS (If same as your Physical Address, write same):</b>				
Street		City	State	Zip
<b>PREVIOUS ADDRESS: Number of Years Lived There?</b> _____				
Street		City	State	Zip
<b>OUT OF STATE ADDRESS (If applicable) Number of Years Lived There?</b> _____				
Street		City	State	Zip
<b>EMERGENCY CONTACT:</b>				
Name		Relationship	Phone # ( )	
Street		City	State	Zip
<b>EMPLOYMENT PREFERENCES (circle one)</b>				
AFL (Residential Placements)	Periodic Services	Part Time	Full Time	Administrative
<b>Availability:</b> Circle all available shifts				

<b>Monday</b>	Morning	Evening	Night
<b>Tuesday</b>	Morning	Evening	Night
<b>Wednesday</b>	Morning	Evening	Night
<b>Thursday</b>	Morning	Evening	Night
<b>Friday</b>	Morning	Evening	Night
<b>Saturday</b>	Morning	Evening	Night
<b>Sunday</b>	Morning	Evening	Night

### LICENSURE INFORMATION (Gray box for AFL RESIDENTIAL APPLICANTS ONLY)

License Type: \_\_\_\_\_ MHL #: \_\_\_\_\_ Capacity: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### SPOUSE INFORMATION

First Middle Last Date of Birth  
 SS# DL# DL State

Has he/she ever been accused of or convicted of a sexual crime or illegal use of a controlled substance?		YES	NO
Give the names, ages, and relationships of all persons living in your home:			
Name:	Age:	Sex:	M F Relationship:
Name:	Age:	Sex:	M F Relationship:
Name:	Age:	Sex:	M F Relationship:
Name:	Age:	Sex:	M F Relationship:
Name:	Age:	Sex:	M F Relationship:
Name:	Age:	Sex:	M F Relationship:
<b>CURRENT EMPLOYER NAME:</b>			
Street	City	State	Zip
Supervisor Name:	Work # ( )	Fax # ( )	May we call you? YES NO
Current Wage/Salary	Hire Date:		
<b>MUST INCLUDE BOTH EMPLOYMENT REFERENCE AND PERSONAL REFERENCE</b>			
<b>PREVIOUS EMPLOYER NAME: (MUST HAVE THREE to be considered for employment!)</b>			
Name	Phone # ( )		
Supervisor Name:	Wage/Salary	Hire Date:	Termination Date:
Reason for termination:			
<b>PERSONAL REFERENCE:</b>			
Name	Phone # ( )		
<b>EITHER: ADDITIONAL PREVIOUS EMPLOYER NAME OR PERSONAL REFERENCE:</b>			
Name	Phone # ( )		
Supervisor Name:	Wage/Salary	Hire Date:	Termination Date:
Reason for termination:			
Name	Phone # ( )		
Supervisor Name:	Wage/Salary	Hire Date:	Termination Date:
Reason for termination:			
<b>EDUCATION AND TRAINING</b>			
Please indicate which of the following trainings you have received, if any:			
CPR: Y N	Exp. Date:	First Aid: Y N	Exp. Date:
NCI: Y N	Exp. Date:	MAR: Y N	Exp. Date:
DD Core: Y N	Exp. Date:	Seizure Management: Y N	Exp. Date:
Blood Bourne Pathogens: Y N	Exp. Date:		
<b>HIGH SCHOOL</b>			
Name	Phone # ( )	Date Graduated:	
Street	City	State	Zip
<b>COLLEGE</b>			
Name	Phone # ( )	Date Graduated:	
Street	City	State	Zip
Degree			

The information contained in my application for employment with United Support Services (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 representatives. 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 there from. 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 decisions. 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, 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 parents, 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

# United Support Services, Inc.

## NOTIFICATION AND RELEASE

The information contained in my application for employment with United Support Services, Inc. (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand 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 there from. I hereby acknowledge I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report to 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 decisions. 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 me if an employment decision has been influenced by information contained in a consumer report, made at its request by SafeHands. I may obtain a free copy of the report within sixty days by calling SafeHands collect @ 1-888-520-0520. The Company will make available to me: "A Summary of Your Rights under the Fair Credit Reporting Act."

**List all names 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	Dates:
City, State, Zip, County	To:
Street	Dates:
City, State, Zip, County	To:
Street	Dates:
City, State, Zip, County	To:

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

<b>Contact: Mr. Dwayne Wells, Human Resource Manager</b>		<b>Email: <a href="mailto:uss@unitedsupportservices.org">uss@unitedsupportservices.org</a></b>	
Phone: 704-841-3544		Fax: 704-841-3545	
<input type="checkbox"/> Federal Criminal – Statewide (State: _____) <input checked="" type="checkbox"/> Federal Criminal – Nationwide <input type="checkbox"/> County Criminal – All Counties past 7 years <input type="checkbox"/> County Criminal – County of Residence <input checked="" type="checkbox"/> Statewide Criminal (North Carolina) <input type="checkbox"/> Civil Records (Single County) <input type="checkbox"/> U.S. Wants & Warrants for Arrest <input type="checkbox"/> Parole & Probation Records (State: _____) <input checked="" type="checkbox"/> Sexual Offenders Registry Index Check (NC) <input checked="" type="checkbox"/> Motor Vehicle Records (North Carolina) <input checked="" type="checkbox"/> Motor Vehicle Insurance Records	<input type="checkbox"/> County Civil <input type="checkbox"/> Social Security Verification <input checked="" type="checkbox"/> Residency History <input checked="" type="checkbox"/> Employment verification (previous 3+ employers) <input checked="" type="checkbox"/> Reference verification (All Personal References) <input checked="" type="checkbox"/> Education verification (highest completed) <input checked="" type="checkbox"/> Professional License Verification <input type="checkbox"/> Credit Report – Employment <input type="checkbox"/> Credit Report – Tenant <input checked="" type="checkbox"/> <b>Search Maiden Name, Birth Name or AKA</b> <b>(each name constitutes an additional search)</b>		

By signing this document I authorize this signature to be used as my official signature on file.

**Signature** \_\_\_\_\_ **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_