

Have you ever been fired or resigned from a position after being notified you would be fired? Yes No
 (If yes, explain) _____

	Name & Location	Date		Degree or # Of Credits Completed	Date Graduated	Major Area of Study
		From	To			
High School/ Highest Grade Completed						
College or University						
Graduate School						
Business or Trade School						

If you expect to complete an educational program in the near future, please indicate what type of degree you are pursuing and when you expect to receive it: _____

Please list your present and past employment, **beginning with the most recent**. Include any related military service or related volunteer work. If appropriate, list number and title of employees you supervised in each position. You may attach a resume as supplemental information.

You may contact my PRESENT employer: Yes No If 'No' Please explain: _____

Present or most recent Employer: Name & Address	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						
Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						

Awards or Certifications: _____

Languages you speak fluently: _____

Have you ever been convicted of a felony/misdemeanor, other than minor traffic violations? Yes **No**
If yes, explain: _____

Male or Female:	Race:
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Please remember to attach your resume to this application – you may also email your resume directly to csligh@adtsrc.org

Please list **at least three** references: (One must be a professional reference)

Reference Name	Relationship to you	Title	Company	Contact Number

Applicant's Statement

I have read the job description attached to this application for the position I am applying for and I can fulfill the necessary requirements.

I understand that the Aging, Disability & Transit Services of Rockingham County follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable agency policies and/or state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized by the Executive Director of the Aging, Disability & Transit Services of Rockingham County. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that the Aging, Disability & Transit Services will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and employers named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I further understand and agree that Aging, Disability & Transit Services will conduct criminal background checks as required by North Carolina law and/or agency policy.

All prospective employees will be required to have a pre-employment drug screening and TB Screening.

All employees are subject to random drug and alcohol testing during their employment with Aging, Disability & Transit Services of Rockingham County. A positive drug and/or alcohol test without an acceptable note from a doctor explaining the circumstances will make an applicant ineligible for employment at ADTS

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant: _____ **Print Name:** _____

Date: _____

**AUTHORITY FOR RELEASE OF INFORMATION
State Access Only
Name Check Access**

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with ROCKINGHAM COUNTY COUNCIL ON AGING pursuant to DHHS-LONG TERM - STATE AND FED - NCGS 122C-80B/131D-40A A1/131D-40A A1.

(Type or print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a HARD COPY of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's/Volunteer's Signature

Date

This form must be maintained on file with the above named agency for one year. UPON COMPLETION OF THIS FORM, MAIL A PHOTOCOPY TO THE ADDRESS INDICATED BELOW:

State Bureau of Investigation
Criminal Information and Identification Section
Attn: Applicant Unit
Post Office Box 29500
Raleigh, North Carolina 27625-0500

ORI # HCPCAR582 - ROCKINGHAM COUNTY COUNCIL ON AGING

HCPCAR582



**PLEASE CHECK YOUR APPLICATION – YOUR APPLICATION WILL NOT BE REVIEWED
UNLESS ALL BELOW ARE COMPLETED OR ATTACHED:**

	COMPLETED/ATTACHED (Please Initial)
1. All Application questions are answered	
2. At least three references (one of which is a professional reference) are listed with contact numbers	
3. Copy of Social Security card <u>AND</u> current Driver's License or Photo ID card attached	
	I AGREE (Please Initial)
<ul style="list-style-type: none"> I have read the job description for the position I am applying for and I understand the requirements of the position I am applying for and can fulfill them 	
<ul style="list-style-type: none"> I have read carefully the 'Applicants Statement' and signed my understanding and agreement 	
<ul style="list-style-type: none"> I have signed the 'Authority For Release of Information' – I understand my signature will allow ADTS to run a comprehensive background screening on me as required by State regulation and Agency policy 	