

INTERNAL USE ONLY - DO NOT COMPLETE THIS TABLE	DATE and Initial		
HR Review		Date Application Received	
Department Manager Review		Received by	
Interview		Hirable	
Background Screening		Licensed	
Sex Offender and OIG Check		Rate of Pay	
Reference Check		Start Date	
Orientation		Fulltime or Part-time	

ADTS – **In-Home** Employment Application

Attention: HR Department
105 Lawsonville Ave Reidsville, NC 27323
Phone: (336) 394-1233 FAX: (336) 342-6714

Web Site: www.adtsrc.org **Email Address: csligh@adtsrc.org**

AN EQUAL OPPORTUNITY EMPLOYER: Aging Disability and Transit Services of Rockingham County (ADTS) does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship or on the basis of age with respect to persons 18 years or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations.

ADTS intends to check and hold you responsible for the accuracy of the statements you make on this application.

INSTRUCTIONS: Please print or type in black or blue ink. If more space is needed attach an additional sheet.

YOU MUST COMPLETE EACH SECTION OF THIS APPLICATION

Position applying for: _____

Full-time (30 + hours a week): **Part-time Hours:** **I am available to work weekends:**

NAME _____

Last
First
Middle

ADDRESS _____

Street
Apt No.
City
State
Zip code

PHONE (Home) _____ **(cell)** _____ **Email Address** _____

- For the purpose of compliance with the United States Immigration and Nationalization Act, are you legally eligible to work in the United States? **Yes** **No**
- Were you referred to ADTS for a job? If so, please provide name _____
- Were you previously employed by ADTS? If so, please provide employment dates, position title and department _____
- If you are to drive our clients you must have a valid driver's license. If you do not have a license we have clients you can work with. **Please give us Driver's License Number/State/Expiration Date** _____

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: _____

Are you a Certified Nurses Assistant: _____

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: _____

