

APPLICATION FOR EMPLOYMENT



Thompson Child & Family Focus
 6800 Saint Peter's Lane
 Matthews NC 28105
 704-536-0375 • www.thompsoncfff.org

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

APPLICANT INFORMATION

Position(s) Applied For: _____ Date of Application _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone Number(s): _____ E-mail address: _____

- How did you learn about us? Thompson Website Monster.com Careerbuilder.com
- Employment Agency Friend/Relative Job Fair Newspaper Other: _____
- Best time to contact you is: 9 - 12 a.m. 1 - 4 p.m.
- Are you over the age of 18? Yes No
- Have you ever been employed with us before? Yes No
 If yes, give date(s): _____
- Do any of your friends or relatives other than spouse, work here? Yes No
- If yes, give name, relationship and location: _____
- Are you currently employed? Yes No
 May we contact your present employer? Yes No
- Are you legally eligible for employment in the United States? Yes No
- Are you currently on "lay off" status and subject to recall? Yes No
- Will you work overtime if asked? Yes No
- Date available for work: _____
- What is your desired salary range? \$ _____ to \$ _____
- Are you available to work:
 - Full Time (Please indicate 1st shift 2nd shift 3rd shift)
 - Part Time (Please indicate Mornings Afternoon Evenings)
 - Temporary (Please indicate dates available: _____)
- Drivers License #: _____ State: _____
- Has your Driver's License ever been suspended or revoked? Yes No
 If yes, please explain below.

- Have you had any accidents during the past three years? How many? _____
- Have you had any moving violations during the past three years? How many? _____
- Have you been arrested or charged with a crime? Yes No
 If yes, describe in full below.

- Have you ever been convicted of an offense against the law? Yes No
 If yes, describe in full below.

- Do you have any civil or criminal charges or traffic violations pending at this time? If yes, describe in full below: Yes No

Please note that an arrest or conviction record or traffic violation will not necessarily be a bar to employment.

Thompson Child & Family Focus is an equal opportunity employer.
 Thompson Child & Family Focus promotes diversity within the organization to ensure a diverse workforce as well as for accreditation purposes.

Education

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA/ DEGREE
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
UNDERGRADUATE COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE/ PROFESSIONAL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (SPECIFY)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Work Experience

[For the past ten years]

Start with your present or most recent job. Include military, any job-related military service assignments and volunteer activities.

EMPLOYER:	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS:	HOURLY WAGE/SALARY		
TELEPHONE NUMBER(S):	STARTING	FINAL	
STARTING/PRESENT JOB TITLE:			
SUPERVISOR:	MAY WE CONTACT:		
REASON FOR LEAVING:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER:	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS:	HOURLY WAGE/SALARY		
TELEPHONE NUMBER(S):	STARTING	FINAL	
STARTING/PRESENT JOB TITLE:			
SUPERVISOR:	MAY WE CONTACT:		
REASON FOR LEAVING:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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REASON FOR LEAVING:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER:		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS:		HOURLY WAGE/SALARY		
TELEPHONE NUMBER(S):		STARTING	FINAL	
STARTING/PRESENT JOB TITLE:				
SUPERVISOR:		MAY WE CONTACT:		
REASON FOR LEAVING:		<input type="checkbox"/> Yes <input type="checkbox"/> No		

DESCRIBE ANY JOB RELATED CHILDCARE TRAINING, SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRA-CURRICULAR ACTIVITIES (i.e., FIRST AID, CPR, BI-LINGUAL ABILITIES, AMERICAN SIGN LANGUAGE, ETC.)

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES, AND OFFICES HELD
 You may exclude memberships which would reveal race, color, religion, sex, national origin, age, disability, veteran status or other protected status.

ADDITIONAL INFORMATION: OTHER QUALIFICATIONS: SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

PERSONAL/PROFESSIONAL REFERENCES
 (DO NOT INCLUDE FAMILY MEMBERS OR PAST SUPERVISORS)

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			
4.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete and I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time-period will be required to submit a new application, if applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information or omission of fact given in my application (or interviews) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

I have read the above information and agree to the Applicant's Statement.

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Signature of Applicant

Date

**THOMPSON CHILD & FAMILY FOCUS AUTHORIZATION
AND REQUEST FOR REFERENCE INFORMATION**

I have applied for a position with Thompson Child & Family Focus. I authorize all of my current and former employers to provide reference information including my job performance, my work record and attendance, the reason(s) for my leaving, my eligibility for rehire and my suitability for the position I am now seeking. I encourage my current and former employers to provide complete responses to requests for information, including information, which is believed to be true but not documented. I realize some information may be complimentary and some may be critical.

I promise I will not bring any legal claims or actions against my current or former employer due to their responses to job reference requests. I recognize there is also a North Carolina statute, which provides my employers with certain protections from such claims. I realize no one is required to give a reference, so I make this commitment to encourage the free exchange of reference information.

I signed this release voluntarily and was not required to do so as part of the application process.

Signature of Applicant

Date

**THOMPSON CHILD & FAMILY FOCUS
CORPORATE COMPLIANCE FOR THE DEFICIT REDUCTION ACT OF 2006(DRA)**

On February 8, 2006, the President signed the Deficit Reduction Act of 2006. This act mandates that Thompson Child & Family Focus will train employees and contractors regarding the False Claims Act, Whistleblower provisions and the efforts of the organization's own compliance to curtail Medicaid payment errors, fraud, and abuse. Thompson Child & Family Focus will check the names of each job candidate against the list of people who are known to be excluded from participating in federal programs and are excluded from health care related offenses and or non-health care fraud.

I sign this release stating that I am not on the **HHS-OIG**(Department of Health & Human Services-Office of Inspector General Medicaid Exclusion data base) **LEIE and EPLS** and the **GSA-EPLS** (General Service Administration -Excluded Parties list System.), which excludes me from any other federally funded program, such as Medicare or Medicaid.

Signature of Applicant

Date

Voluntary Self-Identification Question

Thompson Child & Family Focus is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Thompson Child & Family Focus invites candidates to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provision of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

- A Asian (not Hispanic or Latino)
- NH Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- B Black or African American (not Hispanic or Latino)
- H Hispanic or Latino
- W White (not Hispanic or Latino)
- I American Indian or Alaskan Native (not Hispanic or Latino)
- TM Two or More Races (not Hispanic or Latino)

Print Name

Signature of Applicant

Date