



Mountain Area Community Services, Inc.

Application for Employment

564 Long Shoals Rd
Arden NC 28704
828-676-2135 (Phone)
828-676-2140 (Fax)

Corporate Office
366 South Main Street
Marion, NC 28752
828-659-1180 (Phone)
828-659-1182 (Fax)

Brevard Office
22 Trust Ln, Suite5
Brevard, NC 28712
828-676-2135 (Phone)
828-883-4184 (Fax)

Position Applying For:

Date of Application:

Location:

Please note: Applicants must complete the following information entirely, even if attaching a resume.

Personal Information

Last Name:

First Name:

Middle/Maiden:

Present Address:

City, State:

Zip:

County:

Home Telephone #:

Cell or alternative #:

E-Mail Address:

If hired, when can you begin employment with Mountain Area Community Services, Inc.?

Are you at least 18 years old? Yes No

Are you legally entitled to work in the United States? Yes No

Are you a U.S. Veteran? Yes No

Do you have relatives presently working for Mountain Area Community Services, Inc.?
Yes No If yes, give location: _____ Relationship: _____

Have you ever worked for Mountain Area Community Services, Inc.? Yes No

If so, provide the following:

Job Title:

Location:

Dates of Employment:

Have you ever been convicted of a criminal offense (other than minor traffic violation)? Yes No

A conviction does not automatically negate employment.

If "Yes", please explain (attach additional sheet, if necessary):

Record of Employment:

Mountain Area Community Services, Inc. will confirm dates of employment, positions held, and reasons for leaving with prior employers. Explain ALL gaps in employment and other information relevant to eligibility, qualification, and suitability with prior employers in the "additional information" section.

1. Name of present or last employer and address (include city and state):

Full Time? Yes No
Part Time? Yes No

Type of Business:

Name of Supervisor:

Telephone #:

Start Date:

End Date:

Your Job Title:

Starting Pay:

Ending Pay:

Reason for Leaving:

Description of work and responsibilities (attach additional sheets, if necessary):

*May we contact this employer for a reference? Yes No Not Applicable

2. Name of present or last employer and address (include city and state):

Full Time? Yes No

Type of Business:	Name of Supervisor:	Telephone #:	Part Time? Yes <input type="checkbox"/> No <input type="checkbox"/>	Start Date:	End Date:
Your Job Title:	Starting Pay:		Ending Pay:		
Reason for Leaving:					
Description of work and responsibilities (attach additional sheets, if necessary):					
*May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>					
3. Name of present or last employer and address (include city and state)			Full Time? Yes <input type="checkbox"/> No <input type="checkbox"/>	Part Time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Business	Name of Supervisor:	Telephone #:	Start Date:	End Date:	
Your Job Title:	Starting Pay:		Ending Pay:		
Reason for Leaving:					
Description of work and responsibilities (attach additional sheets, if necessary):					
*May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>					

References (1 Personal Reference & 2 Professional References)

Please note: The information provided in this section *must* be *current and complete*. Our inability to contact the references provided *will* delay the hiring process.

Name:	Title/Occupation	Address (City, State)	Phone:
1.			
2.			
3.			

Educational History:

High School/GED Graduate? Yes No

Name/Address of School: _____

School(s) beyond High School: _____




City/State: _____

Degree/Certificates earned: _____

Other additional training you received that relates to the position for which you are applying (courses/seminars):




Specialized Training History:

Training Completed (certifications currently valid)

 First Aid? **Yes** **No** Expires _____
 CPR? **Yes** **No** Expires _____
 NCI? **Yes** **No** Expires _____

Driver's License #: _____ State issued: _____ expires: _____

Human Services:

 Are you willing to work with individuals who may display challenging behaviors: **Yes** **No**
 Are you able to provide physical assistance to individuals as needed? **Yes** **No**
 Are you able to bend, kneel, lift (up to 25 lbs.), stoop, stand and/or sit for long
Periods of time, work in a community environment, handle wheelchair requirement
(if needed) with or without reasonable accommodation? **Yes** **No**

Additional Information:

Please provide any additional information which may more fully describe your qualifications, skills, experience, education back ground, and interests.

Application Agreement & Disclosures
Please initial after each paragraph to verify that you have read and understand the contents therein.

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future employment by this Mountain Area Community services, Inc. In understand and agree that, if hired, my employment will be at will in nature and may be terminated, with or without cause at any time, by either myself or my employer. I also understand that this written statement supersedes and all oral representation made by representatives of Mountain Area Community services, Inc. _____ (initials)

I, certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. _____ (initials)

I understand that proof of *current* driver's license and *current and adequate* vehicle insurance coverage, must be provided upon employment. Verification of completion of at least high school education or GED (copy of diploma, signed statement from school official, high school transcripts, teaching certificate, etc.) must also be presented upon employment _____ (initials)

I understand that I may be subject to a background check, and hereby authorize First Advantage, as an agent for Mountain Area Community services, Inc. to investigate my background to determine any and all information of concern as to my record account of his/her furnishing said information. _____ (initials)

Additionally, Mountain Area Community services, Inc. are hereby authorized to make any investigation of my personal, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required. _____ (initials)

I understand that passing the background check is a condition of employment. A non-passing background check can be grounds for dismissal, even if an offer has been made to me and I have been hired. _____ (initials)

I understand that, if offered employment and nature of my job description, that proof of current driver's license and current and adequate vehicle insurance coverage must be provided upon acceptance of employment offer. _____ (initials)

I declare that I am not a pedophile or child molester and that I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child or adult nor have I ever been convicted of any of these acts. _____ (initials)

I understand that I shall be subject to drug screening upon employment by Mountain Area Community Services, Inc. I also understand that if at any point I am suspected of not complying with the drug and alcohol policies as set forth by Mountain Area Community

Services, Inc., I may subject to further screening which may or may not result in disciplinary action or immediate termination.
_____ (initials)

I authorize Mountain Area Community services, Inc. to contact former employer(s) and educational organizations regarding my employment and education. I authorize my former employer and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades, I authorize those persons designated as references to full and freely communication information regarding my previous employment and education. _____ (initials)

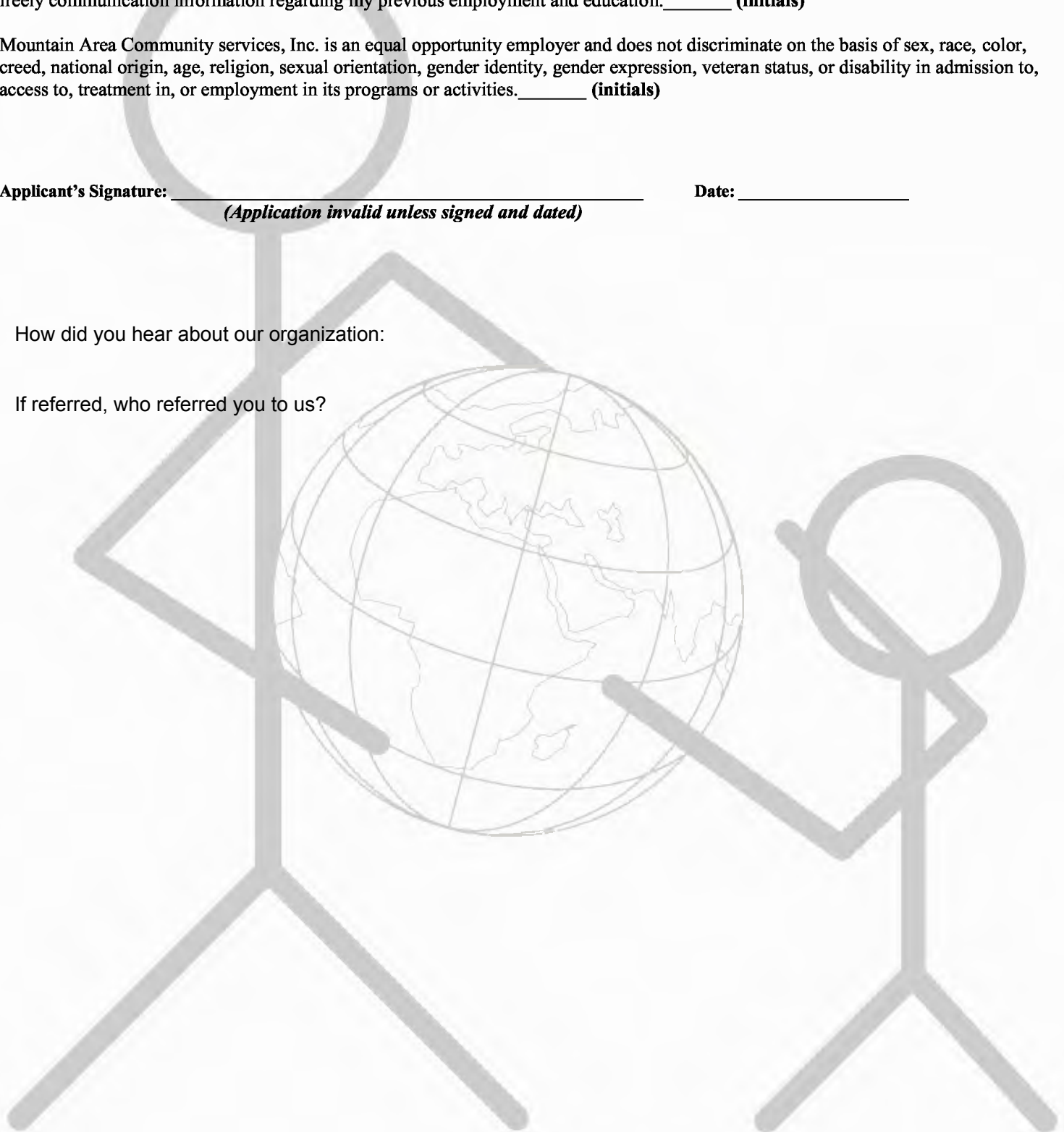
Mountain Area Community services, Inc. is an equal opportunity employer and does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs or activities. _____ (initials)

Applicant's Signature: _____
(Application invalid unless signed and dated)

Date: _____

How did you hear about our organization:

If referred, who referred you to us?





Mountain Area Community Services, Inc.

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION FORM

As an applicant for employment or a current employee of Mountain Area Community Services, Inc., you are a consumer with rights under the Fair Credit Reporting Act. In the event any of the following circumstances exist, Mountain Area Community Services, Inc. may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I hereby voluntarily authorize Mountain Area Community Services, Inc. to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at Mountain Area Community Services, Inc. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. This report may be delivered in either written or electronic form.

I voluntarily authorize all persons, including current and former employers and supervisors, credit reporting agencies, educational institutions, law enforcement agencies, motor vehicle departments, and municipal, state, and federal courts to release information they may have about me to Mountain Area Community Services, Inc.

I understand that if I am employed by Mountain Area Community Services, Inc., this authorization shall remain in effect throughout my employment.

Signature

Date

Printed Name