APPLICATION FOR EMPLOYMENT

Dream Connections Inc.

An Affirmative Action/Equal Opportunity Employer

Date of Application:

|  |
| --- |
| Name: (First, Middle, Last, Maiden) |
| Address: |
| Previous Address: |
| Contact Info: (Home, Cell, Email) |
| SS# Driver’s License Number and State Issued: |

How did you learn about our company?

|  |
| --- |
| Position Sought: AFL [ ]  Day Program [ ]  Community Support [ ]  Respite [ ]  Other [ ]  |
| Applying for: Full time Part time Shift: 1st [ ]  2nd [ ]  3rd [ ]  |
| Desired Pay Range: Currently Employed? Yes [ ]  No [ ]  |

|  |
| --- |
| Have you ever been convicted of a criminal offense? Yes [ ]  No [ ]   |
| Felony? Yes [ ]  No [ ]  Misdemeanor? Yes [ ]  No [ ]  |
| Are there any current charges against you? Yes [ ]  No [ ]  |
| Provide details to any questions you answered yes:\*record of charges or convictions do not necessarily disqualify applicants from consideration for employment. |
| I certify that I am a US Citizen, permanent resident or a foreign national with authorization to work in the United States Yes [ ]  No [ ]  |

Education Verification

Have you lived in the state of North Carolina for the last 5 consecutive years? Yes [ ]  No [ ]

**If no list other states you have lived in:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name | City, State, County | Diploma or GED | Last year enrolled | Graduate? Yes or no |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**WORK HISTORY** – beginning with most recent

Do you have unpaid experience working with people with disabilities? Please describe:

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|  |  |  |  |
| --- | --- | --- | --- |
| Dates Employed | Company Name | City and State | Phone Number |
|  |  |  |  |

Job tasks and reason for leaving:

May we contact this employer? Yes [ ]  No [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Dates Employed | Company Name | City and State | Phone Number |
|  |  |  |  |

Job tasks and reason for leaving:

May we contact this employer? Yes [ ]  No [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Dates Employed | Company Name | City and State | Phone Number |
|  |  |  |  |

Job tasks and reason for leaving:

May we contact this employer? Yes [ ]  No [ ]

|  |
| --- |
| Have you ever been in the Armed Forces? Yes [ ]  No [ ]  |
| Branch: | Date Entered: | Date Discharged? |
| Are you now a member of National Guard? Yes [ ]  No [ ]  |
| Do you currently have obligations to the National Guard? Yes [ ]  No [ ]  |

I consent to the release, by any person to Dream Connections Inc., of any and all information that may be reasonably relevant to an evaluation of my professional credentials, education, competency, character, ability to practice in the areas in which I have requested privileges, and to my moral and ethical qualifications, including any information relating to any disciplinary action, suspension, limitation, or revocation of privileges. This information may be verified through electronic or phone contact for references, criminal background check, healthcare registry check, driving history, and education verification. I hereby release from any and all liability, each and every individual, organization and/or third party that, in good faith and without malice or misconduct, provides information to Dream Connections Inc., concerning my professional qualifications and competence. I certify that all information I have provided on this application is true and accurate. I understand that misstatements, omissions or false or misleading statements which I may have provided on this application, my resume, and/or interview shall constitute grounds for refusal to hire or immediate termination from employment.

I understand that the terms of employment may be changed at any time without notice by the company. In consideration of employment with Dream Connections, I agree to comply with all the policies, procedures and requirements of Dream Connections. I understand that this application and/or any policy manual, handbook or other written document describing such items do not constitute a written contract at this time or in the future. I understand my employment would be at will and that my employment could be terminated at any time by either party, with or without cause and with or without notice. Any modification of the at-will employment relationship, oral or written, can only be accomplished be a written document signed by Dream Connection Inc. owners.

I have read and understand the above.

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Signed/Dated

**This application will be kept on file for 60 days. If you have not heard from us and still wish to be considered for employment it will be necessary for you to fill out another application.**