



Family Home Life, Inc.
544 Julian Allsbrook Hwy
Roanoke Rapids, NC 2787
(252) 533-9200

Attention Applicants

We are excited you are interested in applying for a position at Family Home Life Inc., the areas only International Accredited Mental Health Agency. Family Home Life Inc. is proud of our commitment to quality and satisfaction to our clients and our employees. We provide state and federally funded programs to consumers throughout nine counties in North Central Carolina. Since we are governed by these agencies, the amount of services each client receives varies depending on the needs of the client and the availability of funding. The positions you are applying for will vary throughout your employment due to these factors. Family Home Life Inc. can not and will not guarantee a certain amount of hours because each consumer's needs vary so greatly. We are at the mercy of outside agencies authorizing services for our consumers which could, and does change consistently.

We are informing you of this before you commit to these positions. Please understand that your hours of employment are at the mercy of the needs of the consumer and authorization of services. Family Home Life Inc. hopes you are flexible and can adapt to these changes as we are forced to do the same. We have a consent consumer referral system that brings new consumers into our agency weekly which could provide new opportunities for you.

Again, thank you for your interest in Family Home Life Inc. and we hope you are excited about becoming a member of our treatment team.

Respectfully,

Deborah Gray-Tanner, CEO
Director

Acknowledgment of receipt of this position: _____
Signature Date

1. TO BE CONSIDERED FOR EMPLOYMENT, PLEASE ANSWER ALL QUESTIONS AND ALL SECTIONS OF THE APPLICATION FORM.
2. USE A BLACK INK PEN OR TYPEWRITER.
3. GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY (“**SEE RESUME**” IS **NOT ACCEPTABLE**).
4. LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
5. LIST ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.
6. CHECK FOR ACCURACY, AND BE SURE TO SIGN AND DATE YOUR APPLICATION.

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THANK YOU FOR YOUR INTEREST IN FAMILY HOME LIFE INC. WE WANT TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE OUR CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

SUBMIT YOUR APPLICATION TO THE
HUMAN RESOURCES DEPT *
OR MAIL TO
FAMILY HOME LIFE INC.
PO BOX 66
ROANOKE RAPIDS, NC 27870

WE MUST RECEIVE YOUR APPLICATION BEFORE
THE CLOSING DATE OF POSITION.

PLEASE COMPLETE THE SECTION BELOW
FOR EQUAL OPPORTUNITY INFORMATION.

Equal Opportunity Information <small>Family Home Life Inc. policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex or age is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.</small>					
Date of Birth _____ (mo.) (day) (year)	Check One SEX <input type="checkbox"/> <input type="checkbox"/> M F (male) (female)	DISABILITY: “Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment” (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a disability is strictly VOLUNTARY . Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.			
ETHNIC GROUP 1. <input type="checkbox"/> White (non-Hispanic) 2. <input type="checkbox"/> Black (non-Hispanic) 3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race) 4. <input type="checkbox"/> Asian (including Pacific Islander) 5. <input type="checkbox"/> American Indian (including Alaskan native)	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 0;"> A <input type="checkbox"/> None/Prefer not to report B <input type="checkbox"/> Blind or severely visually impaired C <input type="checkbox"/> Deaf or severely hearing impaired D <input type="checkbox"/> Loss of limited use of arms and/or hands E <input type="checkbox"/> Non-ambulatory (must use wheelchair) F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.) </td> <td style="width: 33%; padding: 0;"> G <input type="checkbox"/> Respiratory impairment H <input type="checkbox"/> Nervous system/Neurological disorder I <input type="checkbox"/> Mentally restored J <input type="checkbox"/> Mental retardation K <input type="checkbox"/> Learning disability L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment) M <input type="checkbox"/> Other (please specify) _____ </td> <td style="width: 33%;"></td> </tr> </table>		A <input type="checkbox"/> None/Prefer not to report B <input type="checkbox"/> Blind or severely visually impaired C <input type="checkbox"/> Deaf or severely hearing impaired D <input type="checkbox"/> Loss of limited use of arms and/or hands E <input type="checkbox"/> Non-ambulatory (must use wheelchair) F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)	G <input type="checkbox"/> Respiratory impairment H <input type="checkbox"/> Nervous system/Neurological disorder I <input type="checkbox"/> Mentally restored J <input type="checkbox"/> Mental retardation K <input type="checkbox"/> Learning disability L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment) M <input type="checkbox"/> Other (please specify) _____	
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APPLICATION FOR EMPLOYMENT

Family Home Life Inc.

Date of Application _____

(SSN Voluntary, for Record Keeping and Data Processing Only)

Last 4 Digits of Social Security No.	Last Name	First Name	Middle Name
Address (Street number and name)		City	County
State	Zip Code	Phone (Home or where you can be reached)	Business Phone

Availability Do you now work for the State of NC? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you related by blood or marriage to any person now working for Family Home Life Inc.? _____ YES _____ NO Do you now work for any other mental health or home health provider? _____ YES _____ NO	If subject to Military Selective Service Registration, certify compliance by initialing the dotted line.
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Military Service
 Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? YES NO
 Do you wish to declare a service-connected disability? YES NO
 At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? YES NO
 Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? YES NO
 Give dates of your (or spouse's) qualifying active military service:
 Entered: _____ Separated: _____ Branch: _____ Rank: _____
 Are you a member of the Military Reserves? YES NO Branch: _____ Rank: _____

AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE: YES NO

CHECK the types of work you will accept: 1. Permanent full-time 2. Permanent part-time 3. Temporary full-time 4. Temporary part-time
 5. Any of the preceding 6. Work involving Travel 7. Shift or Split Shift Work

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____
 Will you accept work anywhere in N.C.? YES NO (If no, list below the counties in which you would be willing to work.)
 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Jobs Applied For
 Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.
 1. _____ 2. _____ 3. _____

Referral Source
 Please indicate your referral source: _____
 If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____

Education
 Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4
 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			

Special training programs and seminars you have completed in the last five years (list):

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Current professional status: (List fields of work for which you have been registered)
 Registration: _____ State: _____ No. _____
 Registration: _____ State: _____ No. _____

Membership in professional, honorary, or technical societies (list): _____	<p>DO NOT COMPLETE THIS BLOCK</p> DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible: _____
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Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

CHECK the following skills, experiences, etc., which you have:

- | | | | | | |
|--|--------|-------|---|--|--|
| <input type="checkbox"/> Driver's License | _____ | _____ | <input type="checkbox"/> Sign Language | | <input type="checkbox"/> Legal transcription |
| | Number | State | <input type="checkbox"/> Foreign language (specify) _____ | | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Chauffeur's License | _____ | _____ | <input type="checkbox"/> Adding Machine/calculator | | <input type="checkbox"/> Braille |
| | Number | State | <input type="checkbox"/> Typing (specify WPM) _____ | | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Car for use at work | | | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | | <input type="checkbox"/> Other _____ |

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (If yes, explain fully on an additional sheet.)

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1)

Signature of Applicant (unsigned applications will not be processed)

Date

<p>FAMILY HOME LIFE INC. An Equal Opportunity/Affirmative Action Employer</p>	<p>Social Security Number</p>	<p>Last Name</p>
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Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job: _____ _____ _____ _____			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

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Date