



**GROUP HOMES OF FORSYTH, INC.
8064 North Point Blvd. Suite 201
Winston-Salem, NC 27106-3235**

Ph: (336) 831-1300

Fax: (336) 831-1314

Dear Applicant:

Thank you for your interest in employment with Group Homes of Forsyth, Inc. We are committed to distinctive quality and unparalleled expertise in the special needs of our clients and residents. If you are employed here, you will discover that the pursuit of excellence is truly a rewarding aspect of your career with the agency. As a team member you must “own” the results of your contributions.

If you are sincerely looking for a position to contribute to the lives of others and a fulfilling career, please fill out the attached application. However, if you are only looking to draw a paycheck, this agency is not for you.

The following information will be required to process your application:

Copy of your driver’s license.

Copy of your social security card.

Highest level degree earned (i.e. copy of high school or college diploma)

Copies of any certificates/credentials you have earned:

CPR

First Aid

Medication Administration

NCI Training

Seizure Training

Diabetes Training

Any other.

If you have not received any of the above, please indicate this on the application at the bottom of Page 1.

In addition, we are required to obtain a driver’s license and criminal report. GHF will be responsible for the fees to obtain this information.

Finally, we will need to mail out a reference form to the individuals you have listed. Please make sure that you include their full address. Also, if you can contact these individuals to make them aware that Group Homes of Forsyth, Inc. will mail this to them asking that they return it to us as soon as possible, it will be helpful.

Sincerely,

Group Homes of Forsyth, Inc.

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EMPLOYMENT APPLICATION

Position Applied For: _____

Application Date: _____

Have you received and read the Job Description and been informed of the responsibilities of the position for which you are applying? _____ YES _____ NO

Personal Information:

Name: _____ **Social Security #:** _____
(Please Print)

Address: _____
Street City St. Zip

Telephone: _____ **H;** _____ **W;** **County:** _____

Are you over 21 years of age? ____ Yes ____ No **E-mail:** _____

EDUCATION	SCHOOL NAME & ADDRESS	CIRCLE LAST YR. COMPLETED	DID YOU GRADUATE	MAJOR/ DEGREE
ELEMENTARY				
HIGH SCHOOL		1 2 3 4		
COLLEGE		1 2 3 4		
GRADUATE OR PROFESSIONAL		1 2 3 4		
OTHER: PLEASE EXPLAIN				

Special Interests and Aptitudes: (Please list volunteer work, training, experiences or areas of special interest that would better qualify you for this position.)

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PROFESSIONAL AND VOCATIONAL INFORMATION

List below your last three employers (if applicable). Begin with your most recent employer.

DATES WORKED – MONTH & YEAR	NAME AND ADDRESS OF PRESENT OR MOST RECENT EMPLOYER	JOB TITLE and/or POSITION
From:		
To:		

Types of Duties: _____

Reason for Leaving: _____

May we contact this employer: _____ **Yes** _____ **No; If no, reason:** _____

DATES WORKED – MONTH & YEAR	NAME AND ADDRESS OF PRESENT OR MOST RECENT EMPLOYER	JOB TITLE and/or POSITION
From:		
To:		

Types of Duties: _____

Reason for Leaving: _____

May we contact this employer: _____ **Yes** _____ **No; If no, reason:** _____

DATES WORKED – MONTH & YEAR	NAME AND ADDRESS OF PRESENT OR MOST RECENT EMPLOYER	JOB TITLE and/or POSITION
From:		
To:		

Types of Duties: _____

Reason for Leaving: _____

May we contact this employer: _____ **Yes** _____ **No; If no, reason:** _____

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WORKING CONDITIONS/REQUIREMENTS:

Are you able to perform, with or without reasonable accommodation, essential functions for the job for which you are applying? If an accommodation is required, how would you perform the essential functions and with what accommodations? _____

DRIVER'S LICENSE INFORMATION:

Group Homes of Forsyth, Inc. requires a valid North Carolina Driver's License, as transportation of clients, residents and company needs are required.

Do you have a current and valid North Carolina license to operate a motor vehicle? ____ Yes ____ No

If YES, please list your license number: _____

If NO, please explain: _____

CRIMINAL RECORD INFORMATION:

Have you ever been convicted of charges other than minor traffic violations? ____ Yes ____ No

If YES, Please give full details: _____

I hereby apply for employment with Group Homes of Forsyth, Inc. I certify that, to the best of my knowledge, the statements given on this employment application truly represent my background and experience. I hereby authorize investigation of any and all of the statements contained in this application and understand that misrepresentation or omission of pertinent facts called for may constitute grounds for dismissal.

As a condition of employment by Group Homes of Forsyth, Inc. I understand that I am required to submit the following:

- A. A physical examination that includes testing for Tuberculosis and Hepatitis B.
- B. Pre-employment drug test at the designated time and place.
- C. Documentation regarding convictions of criminal charges (if any).
- D. Documentation regarding motor vehicle violations (if any).

I also understand this is not and is not intended to be a contract of employment and, if hired, the company may terminate my employment with or without cause in the best interest of the agency. I realize that any false or misleading information given in this application or at any time during the hiring process may result in discharge.

Signature: _____

Date: _____

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PROFESSIONAL AND PERSONAL REFERENCES:

Please list five (5) individuals who can attest to your character and professional qualifications. Do not include more than one relative or close friend. Please complete ALL information. Use individual's Full Name and/or Title. Complete either Home Address or Work Address and specify.

1. Name: _____ **Company Name:** _____

Address: _____

Please check if this is: ___ Home or ___ Work

Telephone: _____ **H;** _____ **W**

2. Name: _____ **Company Name:** _____

Address: _____

Please check if this is: ___ Home or ___ Work

Telephone: _____ **H;** _____ **W**

3. Name: _____ **Company Name:** _____

Address: _____

Please check if this is: ___ Home or ___ Work

Telephone: _____ **H;** _____ **W**

4. Name: _____ **Company Name:** _____

Address: _____

Please check if this is: ___ Home or ___ Work

Telephone: _____ **H;** _____ **W**

5. Name: _____ **Company Name:** _____

Address: _____

Please check if this is: ___ Home or ___ Work

Telephone: _____ **H;** _____ **W**

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REFERENCE AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant's Name: _____
Please Print

The above named individual has applied for employment with Group Homes of Forsyth, Inc.

The applicant hereby gives written permission for relevant information and verification of credentials, professional capabilities, work experience, job level performance and character, etc. to be released to Group Homes of Forsyth, Inc.

The applicant understands that the information will be used toward the evaluation of the applicant's qualifications as they relate to the position for which application has been made.

The applicant hereby releases all providers of information, individually and collectively, from any liability for releasing said information.

The applicant gives Group Homes of Forsyth, Inc. permission to copy this signed authorization and agrees that the copies will be considered as valid for the intended purpose of releasing information to Group Homes of Forsyth, Inc.

Signature of Applicant: _____

Date: _____

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Authorization for Release of Information Pertaining to Criminal and Driving Records:

To Whom It May Concern:

**I am applying for the position of _____
With Group Homes of Forsyth, Inc. I hereby authorize Group Homes of Forsyth, Inc. to obtain:**

- 1. Business/personal references**
- 2. Copies of my driving record**
- 3. Copies of my criminal record (if applicable)**

During the past ten years, I have resided in the following places. (Please include addresses, including county, and the dates you resided at each location.)

- 1.** _____

- 2.** _____

- 3.** _____

- 4.** _____

- 5.** _____

Employee's Full Name: _____

Current Address: _____

Date of Birth: _____

NC Driver's License Number: _____

Social Security Number: _____

Signature: _____

Date: _____

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EEO STATISTICAL DATA FACT SHEET

Equal Opportunity Statement:

Group Homes of Forsyth, Inc. is an Equal Opportunity Employer. Dedicated to a non-discriminatory employment policy on the basis of an applicant's race, creed, age, sex, religion, handicap, or country of national origin.

However, due to the personal nature of certain areas of the direct care services required by certain positions within our agency, it is sometimes necessary to hire a person of a specified sex to provide assistance with personal services for same sex clients needing help with hygiene, grooming, bathing, etc. This is based on need for safety and not on discrimination.

Affirmative Action Plan:

Group Homes of Forsyth, Inc. has an Affirmative Action Plan to meet and maintain a minimum of the following ratios among employees. These ratios are based on Census data for Forsyth County.

25% Racial or Ethnic Minority Population Employees

52% Female Population Employees

30% Employees Between Ages 40 to 70

Statistical Data Regarding Applicant for Employment:

The following information is requested to provide the necessary statistical data as an indicator of our hiring practices in compliance with the Equal Opportunity and Affirmative Action Policies of Group Homes of Forsyth, Inc. It is given voluntarily by the applicant with the understanding that this information will be kept separate and apart from the Application for Employment, will not be included in the consideration for employment, and will be held in strict confidence and used for statistical purposes only.

1. Sex (Please check): Female _____ Male _____

2. Race or Ethnic (please circle): Asian White Hispanic Black American Indian Other

3. Date of Birth: _____

4. Date Submitted: _____

Group Homes of Forsyth, Inc. is a United Way Member Agency

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APPLICATION QUESTIONNAIRE

Please take a moment and answer the below questions as thoroughly and accurately as possible. There are no right or wrong answers. These questions will assist us in reviewing your application and help to determine what position in which you would be best qualified. Return to: Human Resources Department.

1. Which supervisor have you found easiest to work with and which have been the most difficult?
2. What did you like best and least about your previous job?
3. Have you ever had to get a point across to different types of people? (such as a “set in their ways” type personality, or an “easy going, doesn’t matter” type personality). Give examples and tell what approach did you take?
4. Describe a work-related problem you had to face recently. What did you do to deal with it?
5. Give an example of a time you did more than what was required in your job.
6. Give an example of a time you found it necessary to make an exception to the rules in order to get something done.
7. What was the best decision you ever made? What were the alternatives? How did you go about making it?
8. Tell about a time you had to gain the cooperation of a group over which you had little or no authority. What did you do? How effective were you?
9. Have you ever had trouble learning a new method or procedure? How did you deal with that situation?
10. Tell about a problem you have had that would effect more than one department or an agency as a whole. How did you try to solve it?

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APPLICANT CONSENT AND RELEASE FROM LIABILITY

I understand that Group Homes of Forsyth, Inc. has a policy prohibiting the use of alcohol/illegal substances and/or the use of prescription drugs without a prescription (“Illegal Drugs”). I further understand that the agency strives to maintain a workplace free from the use of alcohol/illegal drugs and has adopted an alcohol/drug testing policy and procedures for prospective employees. I fully understand that all offers of employment are contingent on a negative alcohol/drug test result.

I also understand and agree that, if employed, I may be required to submit to an alcohol/drug test at anytime at the discretion of the agency.

I hereby consent to Group Homes of Forsyth, Inc. or its agents collecting a urine sample from me as a part of Group Homes of Forsyth, Inc.’s application process. I hereby release and discharge Group Homes of Forsyth, Inc., their employees, directors, officers and agents from any and all claims, liability, or damage arising from such tests including the testing process and procedures, and the analysis and disclosure of the results.

I hereby further consent to the release of the drug test reports from the testing laboratory to Group Homes of Forsyth, Inc.’s designated personnel; and to the use of such reports, Group Homes of Forsyth, Inc.’s assessment of my employment application and/or employment status.

If I should refuse to participate, or should the test results be positive, or if the sample submitted has been tampered with, it will be cause for rejection of my employment application.

Acknowledgement

My signature below acknowledges that I have been informed of the Group Homes of Forsyth, Inc.’s Drug Free Workplace Policy.

Applicant’s Name (Please Print)

Social Security Number

Applicant’s Signature

Date