

# Application for Employment

# Turning Point Family CARE

► COUNSELING ► ADVOCACY ► RESOURCES ► EMPOWERMENT

[www.tpacenter.org](http://www.tpacenter.org)

4300-A Garrett Road, Durham, NC 27707  
 3509-105 Haworth Drive, Raleigh, NC 27609  
 935-104 A Shotwell Road, Clayton, NC 27520

Office: (919) 493-0959  
 Office: (919) 896-7536  
 Office: (919) 550-2629

Fax: (919) 493-0970  
 Fax: (919) 896-7537  
 Fax: (919) 550-6429

**It is the applicant's responsibility to ensure ALL sections of application are completed – if not applicable please indicate. Otherwise application will be deemed INCOMPLETE AND SUBSEQUENTLY DISCARDED.**

Last Name	First Name	Middle Name	Best Phone # to reach you:
Address		City	County
State	Zip Code	Home No.	Alt No. Email Address:
Driver's License Number.	State	Auto Insurance Carrier/Agent	State
Position applying for:		Desired Salary:	Type of Work seeking: <input type="checkbox"/> F/T <input type="checkbox"/> P/T If hired, date available to start work (date/month/year):

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	School Name and location (city & state)	Date attended(mo/yr) From: To:	Grad? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/Minor Course work	Type of degree Received	Mo & Yr degree received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No			
College(s) University(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate or Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other education, Vocational schools, Internships, etc			<input type="checkbox"/> Yes <input type="checkbox"/> No			

List specific courses, workshops, training or rotations you have had that are related to the position for which you are applying:

**Professional License and/or Certifications:**

License/Certification No.: \_\_\_\_\_ Field or Speciality: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

License/Certification No.: \_\_\_\_\_ Field or Speciality: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

License/Certification No.: \_\_\_\_\_ Field or Speciality: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**RELEVANT EXPERIENCE**

**Please complete all sections in its entirety, otherwise application will be deemed incomplete.**

**Population Experience:** Please check areas of experience, and indicate number of years of experience in each population

<u>Years of Experience</u>		<u>Disability</u>	<u>Years of Experience</u>		<u>Disability</u>
___ Child ___ Adult		Autism	___ Child ___ Adult		Depression
___ Child ___ Adult		Down’s Syndrome	___ Child ___ Adult		PTSD
___ Child ___ Adult		Mental Retardation	___ Child ___ Adult		Bipolar Disorder
___ Child ___ Adult		Cerebral Palsy	___ Child ___ Adult		Anxiety
___ Child ___ Adult		ADHD/ADD	___ Child ___ Adult		Other: _____

**Skills and Certifications:** Please attach copies of certificates as applicable

Computer Programs, specify: \_\_\_\_\_

CPR    Exp. Date: \_\_\_\_\_     Seizure Management     Blood Borne Pathogens     Crisis Response     CST Service Definitions  
 First Aid    Exp. Date: \_\_\_\_\_     PCP Planning     Client Rights     Confidentiality/HIPPA     Medication Management  
 NCI    Exp. Date: \_\_\_\_\_     Intro to MH/DD/SA     Sign Language     Car for use at work     PCP Thinking  
 IIHS     Foreign Language (s) spoken & written fluently: \_\_\_\_\_

**Personal/General Information** Have you worked for this agency before?  Yes  No

If yes, When? \_\_\_\_\_ Where (location)? \_\_\_\_\_ Supervisor's name? \_\_\_\_\_

Is your spouse employed by this employer?  Yes  No Are you 18 years old or older?  Yes  No

Names of relatives already employed by this company: \_\_\_\_\_

Are you eligible to work in the United States?  Yes  No (proof of identity and eligibility will be required upon hire)

Have you ever worked under another name?  Yes  No If yes, please list and explain reason for change: \_\_\_\_\_

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Have you ever been convicted of an offense against the law? (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.)

Are there any felony charges pending against you?  YES  NO (If yes, please explain on an additional sheet.)

List all traffic violations in the past 5 years which resulted in a conviction or a guilty plea: \_\_\_\_\_

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List all at-fault accidents in the past 5 years: \_\_\_\_\_

Have you ever been the subject of proceedings to suspend or revoke any professional license or certification?  Yes  No  
If yes, please explain: \_\_\_\_\_

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Have you ever been dismissed or asked to resign from any employment?  No  Yes, please explain: \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE**

**Work/Volunteer History** (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying. **"SEE RESUME" is unacceptable.**

Current or last employer		Address:			
Job title	Supervisor's Name	Telephone No.	No. Supervised by you:		
Date Employed (mo/yr)	Starting Rate Per	Ending Rate per	Reason for leaving	May we contact Employer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Separated (mo/yr)	<b>List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job</b>				
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 No.	No. Supervised by you:		
Date Employed (mo/yr)	Starting Rate	Ending Rate	Reason for leaving	May we contact Employer	

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Date Separated (mo/yr)	Per _____ per _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Time Years Months	<b>List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job</b>	
Part Time Years Months		
If part time, number of hours Worked per week:		

Employer	Address:		
Job title	Supervisor's Name	Telephone No.	No. Supervised by you:
Date Employed (mo/yr)	Starting Rate Per _____	Ending Rate per _____	Reason for leaving <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	<b>List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job</b>		
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 No.	No. Supervised by you:
Date Employed (mo/yr)	Starting Rate \$ per _____	Ending Rate \$ per _____	Reason for leaving <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	<b>List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job</b>		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours Worked per week:			

## CONTINUED - EMPLOYMENT EXPERIENCE

**Work/Volunteer History** (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying. **"SEE RESUME" is unacceptable.**

Employer	Address:		
Job title	Supervisor's Name	Telephone No.	No. Supervised by you:
Date Employed (mo/yr)	Starting Rate \$ per _____	Ending Rate \$ per _____	Reason for leaving <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	<b>List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job</b>		
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 No.	No. Supervised by you:
Date Employed (mo/yr)	Starting Rate	Ending Rate	Reason for leaving <input type="checkbox"/> Yes <input type="checkbox"/> No

	\$ _____ per _____	\$ _____ per _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying 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:				

Additional copies can be made of the continuation page in an effort to best describe volunteer/work experience as related to job.

**PROFESSIONAL REFERENCES**

*Please complete the following information for three professional references. To aid in the process, please ensure that all information is accurate and current. To assist this agency in their efforts to locate and consult the listed references, please provide any known alternative numbers and the best possible times to reach the reference(s). Thank You.*

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Company Name: \_\_\_\_\_

CompanyAddress: \_\_\_\_\_

City                      State    Zip

Company Telephone: \_\_\_\_\_ Alt Telephone: \_\_\_\_\_ Best Time(s) to reach: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Company Name: \_\_\_\_\_

CompanyAddress: \_\_\_\_\_

City                      State    Zip

Company Telephone: \_\_\_\_\_ Alt Telephone: \_\_\_\_\_ Best Time(s) to reach: \_\_\_\_\_

**CONTINUED – PROFESSIONAL REFERENCES**

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City State Zip

Company Telephone: \_\_\_\_\_ Alt Telephone: \_\_\_\_\_ Best Time(s) to reach: \_\_\_\_\_

*If you have not had previous work experience, please use a reference from any volunteer experience you may have or a personal reference that can verify your work ethics*

**Declaration**

I hereby declare, to the best of my knowledge and belief, that the statements given above truly represent my background and experience. I understand that if I have knowingly misrepresented, omitted, or falsified any of the application information, I will be disqualified for employment consideration or if hired, dismissed from employment with Turning Point Family CARE, PLLC. I also understand that as a condition of employment, I may be required to undergo testing for controlled substances.

I hereby authorize my current and former employers (including the U.S. Government or U.S. Military), personal references, registration and licensing boards, and educational institutions listed on my application for employment, to provide Turning Point Family CARE, PLLC with any job-related information requested.

I also permit Turning Point Family CARE, PLLC to conduct a police and court records investigation of my background if relevant to the job for which I am applying. In addition, I authorize this agency to verify any of this information including, but not limited to, motor vehicle records. Notwithstanding, any provisions of Federal or State law, I expressly waive any right I may have to review confidential material or information received by the Turning Point Family CARE, PLLC from a previous employer or educational institution.

**ACKNOWLEDGEMENT**

**At-Will Employment.** I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I also understand that this means I am free to quit my employment at any time, for any reason, without notice. I understand that no representative of the company, other than the owners, have authority to change the terms of the at-will relationship and that any such change can occur only in a written employment contract.

**\*\* Any unsigned and/or incomplete application will not be processed. \*\***

Print Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_