



GHA Autism Supports provides quality, community services to meet the unique needs of individuals with Autism Spectrum Disorder

Application for Employment

Please no phone calls to check status of application

Name: _____ Date: _____

Phone Number: _____ Cell Phone : _____

Position Sought: _____ Shift: _____

GHA Autism Supports participates in E-Verify – Federal Law requires all employers to verify the identity and employment eligibility to all persons hired to work in the United States.

Administrative Office

P. O. Box 2487
Albemarle, N.C. 28002
704-982-9600 Fax: 704-982-8155

Wilmington

P. O. Box 4122,
Wilmington, NC 28406

Legal Name: _____			
(Last)	(First)	(Middle)	
(Name as it appears on Social Security Card)			
Address: _____			
(Street & Number)	City	(State)	(Zip Code)
Telephone Number _____	Cell Phone Number _____		

Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

Are You Available For: **Full-Time** **Part-Time** **Substitute**
All direct support employees may work schedules that include weekend and holiday hours

Specify Days & Hours Available _____

Are You Under 18 Years of Age? Yes No

Position requires valid Driver's License and Basic Computer knowledge.

Do you possess a valid Driver's License? Yes No Are you insurable? Yes No

Drivers License # _____ State _____ Date of Expiration _____

Do you have basic computer knowledge? Yes No

Can you show proof of your eligibility to work in the United States? Yes No

Have you lived in NC continuously for the **past 5 years**? Yes No

How were you referred? Advertisement Friend Employment Security Commission
 Web Other _____

Were you previously employed by GHA? Yes No
 If yes, When? _____ What position? _____

If related to anyone employed by GHA, served by GHA, or who serves on our Board of Directors give their name and site location: _____

Have you ever been convicted of a Crime? Yes No If yes, please give date and details below: *A yes answer may or may not disqualify you from employment depending on the position applied for. _____

Are you able to perform the "essential job functions" required of the position for which you are applying, (with or without reasonable accommodation)? Yes No Will need further information regarding "essential job functions".

List Other Skills or Qualifications: _____

Educational Record

Do you have a high school diploma or GED? Yes No

SCHOOLS	NAME & LOCATION	YEARS COMPLETED	DIPLOMA/ DEGREE	MAJOR COURSE OF STUDY
High School		(circle) 9 10 11 12		
College		(circle) 1 2 3 4		
Community or Business College		(circle) 1 2		
School of Nursing		(circle) LPN RN 1 2 3 4		

Describe specialized training, skills, extracurricular activities, etc. _____

Other training or education including military: _____

Prior Work History (list in order, last or present employer first).

May We Contact Your Present Employer? Yes No

Present/Last Employer:	Employed	Your Title or Position	Reason for Leaving	Name-Last Supervisor
	From – To (mo/yr)			
Address:				
City, State, Zip Code:	Work Performed:		Rate of Pay:	
Telephone				
Previous/Last Employer:	Employed	Your Title or Position	Reason for Leaving	Name-Last Supervisor
	From – To (mo/yr)			
Address:				
City, State, Zip Code:	Work Performed:		Rate of Pay:	
Telephone				
Previous/Last Employer:	Employed	Your Title or Position	Reason for Leaving	Name-Last Supervisor
	From – To (mo/yr)			
Address:				
City, State, Zip Code:	Work Performed:		Rate of Pay:	
Telephone				
Previous/Last Employer:	Employed	Your Title or Position	Reason for Leaving	Name-Last Supervisor
	From – To (mo/yr)			
Address:				
City, State, Zip Code:	Work Performed:		Rate of Pay:	
Telephone				

Character References

(Give the names of at least three (3) business or personal references NOT related to you.)

Name	Occupation	Address (Street, City, State)	Telephone Number	Years Known

Military Services – Did you serve in the United States Armed Services? Yes No Branch: _____
 Dates of Service: _____ Type of Discharge: _____ Duties: _____

Licensure: (To be completed by registered professional and certified technical applicants only.) For purposes of this section, references to the term “licensed” also apply to the terms “registration” and certification”.

Medical Specialty _____ State _____
 Expiration Date _____ Certificate Number _____ Serial Number _____

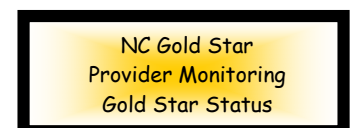
THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR 30 DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

READ CAREFULLY BEFORE SIGNING

I certify that the facts set forth in my application for employment are true, complete and correct. I understand that if employed, false statements on this application shall be considered sufficient cause for involuntary termination. You are hereby authorized to make any investigation of my personal, financial, employment history and work record through any credit agencies or bureaus of your choice. I understand that if I am hired that the rules and regulations of this employer, and any personnel procedures, do not constitute a contract of employment. I understand that all employees of GHA are employed at will and that my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime, at the option of either the employer or myself. I understand that if hired, I must undergo a drug screen. I further understand that no supervisor or representative of GHA other than the Chief Executive Officer or his/her designee has any authority to enter into any offer for employment.

Signature of Applicant _____ **Date** _____

GHA is an equal opportunity employer. All employment decisions are made without regard to race, color, religion, gender, sexual orientation, age, genetic information, national origin, disability, Vietnam era status or any other basis prohibited by law.



GHA Autism Supports



"We Are Proud To Be A Drug-Free Workplace"

NOTICE TO JOB APPLICANTS

Drug Test Consent: I am aware that GHA Autism Supports is committed to providing a drug-free workplace which promotes the health, safety, and welfare of individuals and employees. I understand that all applicants offered employment at GHA Autism Supports must pass a drug test. I also understand that if I am employed by GHA Autism Supports then I will be subject to the Drug and Alcohol Free Workplace Policy. This policy includes random drug testing, and drug and alcohol testing for cause and post-accident. Employees who refuse to comply with any request for a urine and/or blood specimen or otherwise fail or refuse to abide by the policy will be subject to termination.

As a job applicant, I will consent to providing a urine specimen for purposes of having a drug test and release GHA Autism Supports from any liability arising from the test. I understand that a confirmed and unexplained positive test will result in the denial of employment with GHA Autism Supports. With offer of employment, I understand that failure to report for a drug screen as scheduled will result in the denial of employment with GHA Autism Supports unless the failure is due to circumstances deemed to be beyond my control as determined solely at the discretion of the agency.

Background Checks: GHA Autism Supports performs background checks on all applicants for employment. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, etc. I further understand that such reports may contain public record information concerning my driving records, North Carolina Health Care Registry, criminal records, etc., from federal, state, and other agencies which maintain such records. Based on the information received, employment opportunity may be denied.

Signature of Applicant

Date