

Goldsboro Assisted Living and Alzheimer's Care

Date: \_\_\_\_\_

EMPLOYMENT APPLICATION

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

Former Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_ Expected rate of pay: \_\_\_\_\_

Would you prefer: full-time  part-time  Specify days and hours: \_\_\_\_\_

Education (what was highest grade completed): \_\_\_\_\_

List any education or training which you feel is related to the position for which you are applying: \_\_\_\_\_

Were you previously employed by us? Yes  No  If yes, when? \_\_\_\_\_

List any friends or relatives working for us: \_\_\_\_\_  
name/relationship

Were you referred for employment by a current employee? If so, please list their name:

\_\_\_\_\_

Have you ever been refused bonding? Yes  No

Have you ever been convicted of a crime? Yes  No  (conviction of a crime will not necessarily effect employment). If yes, describe in full: \_\_\_\_\_

\_\_\_\_\_

On what date will you be available for work? \_\_\_\_\_

Person to be notified in case of accident or emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**EMPLOYMENT APPLICATION**

**EMPLOYMENT HISTORY: (please list present employer first)**

EMPLOYER (PRESENT)	FROM MO	YR	TO MO	YR
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER (PRESENT)	FROM MO	YR	TO MO	YR
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER (PRESENT)	FROM MO	YR	TO MO	YR
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER (PRESENT)	FROM MO	YR	TO MO	YR
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER (PRESENT)	FROM MO	YR	TO MO	YR
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

**PLEASE READ BEFORE SIGNING:**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies and others to supply any information concerning my background and I hereby release such persons or entities from all liability for damages for issuing such information. Any false or misleading information given herein may render this application void, or if I am employed, could be cause for termination.

\_\_\_\_\_  
Signature/Date

**GOLDSBORO ASSISTED LIVING  
2201 ROYALL AVENUE  
GOLDSBORO, NC 27534**

Notice Regarding Background Investigations

(Please read carefully before signing)

In connection with your application for employment the Company may obtain information about you from Southeastern Background Services LLC, a Consumer Reporting agency (CRA). Thus, you may be the subject of "consumer reports" and "investigative reports" which may include information about your character, general reputation, personal characteristics, and mode of living, and which can involve personal interviews with sources such as neighbors, friends, or associates. Reports may also contain public records (including criminal records), driving history, consumer credit and employment and education verification, worker's compensation (if applicable), etc. These reports may be obtained at any time after receipt of your authorization and, if hired, throughout your employment. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report.

Acknowledgement and Authorization

I acknowledge receipt of the Notice Regarding Background Investigation and the Summary of Your Rights Under the Fair Credit Reporting Act and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and "investigative reports" at any time after receipt of the authorization and, if hired, throughout my employment. I hereby authorize, without reservation, any law enforcement agency, administrator, state, or federal agency, institution, school, or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by any consumer reporting agency acting on behalf of the company. I release all parties who have provided information from any and all liability for damages arising from the investigation and disclosure of the requested information. I certify that the information provided is true and complete to the best of my knowledge and agree that a facsimile ("fax") or photo copy of the Authorization shall be as valid as the original.

Oklahoma, Minnesota, and California applicants may obtain a copy of this consumer report by checking this box. This report will be sent to California applicants within three (3) days of the employer receiving this report.

California only: For reports obtained by Southeastern Background Services LLC (SBS), California applicants may view the file SBS maintains on you during normal business hours, upon submitting proper I.D. and paying fees associated with making copies of those files.

APPLICANT/EMPLOYEE:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Current Address \_\_\_\_\_

Driver's License: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Southeastern Background Services P.O. Box 8151 Ocean Isle Beach, NC 28469

Toll Free 888-432-8878 Fax: 910-575-0065 [www.southeasternbackgroundservices.com](http://www.southeasternbackgroundservices.com)

# **Goldsboro Assisted Living and Alzheimer's Care**

## **Drug-Free Workplace Program**

Agreement to Submit to Drug Testing  
Agreement to Release Drug Test Results

I, \_\_\_\_\_, understand that this facility maintains a *Drug-Free Workplace* policy requiring all employees to report to work in a substance free condition.

I have received and read, or had read to me, a copy of this policy and I understand the consequences of violating the policy, including my obligations under the *Drug-Free Workplace* act. If I did not understand the policy, I have asked for and received an explanation. I specifically understand that if I am injured on the job and either refuse to be tested or test positive for drugs or alcohol, that I hereby forfeit eligibility for all worker's compensation medical and indemnity benefits.

I also understand that as a condition of my initial and/or continued employment, as a part of initial and routinely scheduled fitness for duty, physical examinations may required by the company. Randomly (if applicable), and where reasonable suspicion of drug use exists, the company will require me to undergo substance screening urinalysis, blood (for alcohol), hair follicle, or other testing procedures, and I hereby agree to submit to such tests, including follow-up to rehabilitation testing and the required post-accident testing.

I further consent to the results of any such drug screen(s) being released to the company's authorized representative by the medical review officer (MRO), and understand that I am legally authorized to receive a copy of this consent form if requested. The results will not be released to any additional parties without my written authorization.

I release any testing facility personnel and/or physicians who have tested me from any liability arising from a release or use of any and all test results, written reports, medical records and data concerning my test(s) to the appropriate company officials. I further release all company officials from liability arising from the release or use of the test results.

I also understand that the *Drug-Free Workplace* policy and related documents are not intended to constitute a contract between myself and the company.

I acknowledge receipt of a copy of this policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# This Organization Participates in E-Verify

# Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

## **E-Verify Works for Everyone**

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

## **E-Verify Funciona Para Todos**

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

**888-897-7781**

**[dhs.gov/e-verify](https://dhs.gov/e-verify)**



**E-VERIFY IS A SERVICE OF DHS AND SSA**

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# IF YOU HAVE THE RIGHT TO WORK



# DON'T LET ANYONE TAKE IT AWAY

If you have the skills, experience, and legal right to work, your citizenship or immigration status shouldn't get in the way. Neither should the place you were born or another aspect of your national origin. A part of U.S. immigration laws protects legally-authorized workers from discrimination based on their citizenship status and national origin. You can read this law at [8 U.S.C. § 1324b](#).

**The [Immigrant and Employee Rights Section \(IER\)](#) may be able to help if an employer treats you unfairly in violation of this law.**

The law that IER enforces is 8 U.S.C. § 1324b. The regulations for this law are at 28 C.F.R. Part 44.

Call IER if an employer:

Does not hire you or fires you because of your national origin or citizenship status (this may violate a part of the law at 8 U.S.C. § 1324b(a)(1))

Treats you unfairly while checking your right to work in the U.S., including while completing the [Form I-9](#) or using [E-Verify](#) (this may violate the law at 8 U.S.C. § 1324b(a)(1) or (a)(6))

Retaliates against you because you are speaking up for your right to work as protected by this law (the law prohibits retaliation at 8 U.S.C. § 1324b(a)(5))

The law can be complicated. Call IER to get more information on protections from discrimination based on citizenship status and national origin.

**Immigrant and Employee Rights Section (IER)**

**1-800-255-7688**

**TTY 1-800-237-2515**

[www.justice.gov/ier](http://www.justice.gov/ier)

[IER@usdoj.gov](mailto:IER@usdoj.gov)



U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, January 2019

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