



Community Operations Employment Application

Thank you for your interest in employment with Skill Creations, Inc.

Here is some **important** information that is required for all employees before you are selected for a position:

- Have a working telephone
- Have the ability to lift 50 pounds
- Possess a valid NC Driver's License and be acceptable to our insurance carrier
- Have a HS Diploma or GED equivalent (w/ date of completion)
- Provide 3 business references
- Provide a TB Skin Test

Information will also be obtained regarding:

- The North Carolina Health Care Personnel Registry
- State Background Check
- National Check if you have lived in NC for less than 5 years.

Those selected for employment will participate in:

- Random drug screening
- SCI Orientation relating to: Policies, procedures, HIPAA, client programming, documentation, etc. CPR/First Aid through ARC (American Red Cross)
- North Carolina Interventions

Attendance for orientation is mandatory and participants must successfully complete the entire orientation in order to retain employment. It is required that the following documentation is submitted to Skill Creations 2 business days prior to orientation:

- HS Diploma or GED Equivalent (w/ date of completion)
- Valid NC Driver's License
- SS Card or certified Birth Certificate
- Proof of Vehicle Insurance
- TB Skin Test
- Completed Application (can be printed from the website)
- 3 reference check forms with information complete
- Voided check for direct deposit services

Please remember to send the State Background Check (SBC) consent form to COHO

By signing below I am stating that I understand the information described to me on this form. I also understand that I cannot attend orientation unless I have the documentation listed above. I do understand that if I do not have the documentation listed above I will not be allowed to participate in



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Lenoir, NC 28645

Goldsboro, NC 27533

Asheville, NC 28801

Full Name: _____
First Middle Last Date

Address: _____
Street City State Zip

Tel #: Home: _____ Work: _____ Cell: _____

Email: _____

ALL EMPLOYEES ARE REQUIRED TO HAVE A WORKING PERSONAL TELEPHONE

SSN #: _____ NC Drivers License #: _____

YOU MUST HAVE A VALID NC DRIVER'S LICENSE AND ACCEPTABLE DRIVING RECORD TO BE HIRED INTO A POSITION THAT REQUIRES YOU TO DRIVE DURING THE COURSE OF YOUR EMPLOYMENT.

Have you resided in any other state other than North Carolina in the past 5 years?
Yes: No: If yes, please indicate what state: _____

POSITION Applying for: _____ Facility Location: _____

Please check the position(s) you would be able to accept

Full Time: Part Time: Backup: AFL:

Hours available to work: _____ Shift: _____

EDUCATION:

High School: _____

Location: _____ Date of Graduation: _____

College: _____

Location: _____ Date of Graduation: _____

Other School: _____

Degree / Certification: _____

Course of Study: _____

WORK EXPERIENCE: [List Present or Most Recent Employers First]

May we contact your present employer for References? Yes No

1. Position: _____ Employer: _____
Telephone: _____ Full-Time: Part-Time:
Date Hired: _____ Date Separated: _____
Reason for Leaving: _____

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Social security # _____
Position Applied for: _____

I HEREBY RELEASE FROM LIABILITY OR DAMAGE THOSE INDIVIDUALS, ORGANIZATIONS, OR CORPORATIONS WHO PROVIDE EMPLOYMENT REFERENCE INFORMATION ON ME.

Applicant: _____
Name Signature Date

Past /Present Employer: _____
Address of above: _____
Telephone number _____
Contact Person _____

Information Below is for SCI Internal Use Only.

- Person giving Reference: _____
- Employment Dates: From: _____ To: _____ Hours per week: _____
- Job Classification / Title: _____
Character / Attitude: _____
Attendance/ Dependability: _____
Work Rating: _____
- If person was responsible for the care of others as a part of their position, has there ever been any history of abuse or neglect? Yes No Do Not Know
If yes, describe: _____
Would you re- employ: Yes No Still Employed
If **NO** please explain why: _____

Date and Time of Attempt 1: _____ **Attempt 2:** _____ **Attempt 3:** _____

Reference checked by : _____
Name Signature Date



Skill Creations Inc.



individuals, organizations, and The Organization from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Organization that The Organization may seek to obtain a consumer report and/or investigative report that will include personal inform

PLEASE PRINT OR TYPE

List all names you have used in the past 7 years including married, maiden, and aliases

Name (First, Middle, Last) _____ Date of Birth (mo/day/yr) _____

Maiden Name or "AKA" _____ Dates Used (yr) from _____ to _____

Social Security # _____ - _____ - _____ Driver's License # _____ State _____

Current and previous address (es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS (Use extra page is necessary).

Street _____ From _____ to _____

City, State, Zip, County _____

Street _____ From _____ to _____

City, State, Zip, County _____

Street _____ From _____ to _____

City, State, Zip, County _____

Applicant Signature (REQUIRED) _____ Date _____

FOR EMPLOYER USE ONLY: Please place a check next to the searches to be conducted.		
Primary Contact: Lisa Potter Phone: 828-728-9700 Email: lisa.potter@skillcreations.com		
<input type="checkbox"/> Standard Package NC Statewide Criminal Records		

To Place Order Via Fax, Fax Form to: 910-815-3881