



# SOLID FOUNDATION FACILITIES, INC (SFF, Inc).

## Employment Application

**EMPLOYER'S STATEMENT:** Solid Foundation Facilities is subject to state and federal equal employment opportunity laws which prohibit discrimination on the basis of gender, age, disability, race, color, religion, marital status, veteran's status, national or ethnic origin, or sexual orientation. Federal law requires reasonable accommodation of the known disabilities of applications and employees, unless to do so would pose an undue hardship. If you need an accommodation in order to complete the application process or take any required tests, please let us know.

Applications are retained under active status for twelve (12) months.

Department of Human Resources  
 Employment Section  
 224 Ward Road, P.O. Box 709  
 Windsor, N.C. 27983  
 (252) 794-2385 Phone  
 (252) 794-1923 Fax

Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Type of Work Desired (CHECK ALL THAT APPLY)	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Regular	<input type="checkbox"/> Temporary
Applicant's Name (Last, First, Middle Initial)	Position(s) Applied For/Date Available							
Street Address	Location Preferred							
City, State, Zip	Home/Cell Telephone Number ( )				Work/Message Telephone Number ( )			

### GENERAL INFORMATION

Are you at least 18 years old?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

Proof of employment eligibility will be required upon hire (i.e., 1. Valid driver's License & Auto Insurance; 2. two forms of proof to establish work: I-9, SS Card, Passport, Birth Certificate; 3. Evidence of educational level with transcript: High School Diploma, GED, College Degree)

Do you have any relatives employed at SFF? (If yes, give names & departments)  
 Yes  No \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever worked for SFF?  Yes  No If yes, give dates and departments: \_\_\_\_\_

### EMPLOYMENT RECORD

List your present or most recent employer first. Include U.S. Armed Forces and volunteer experiences.

**Resumes are accepted but may NOT be substituted for the following information.** Completely fill out each section of the employment record and give detailed information. If additional space is needed, please ask for a supplemental form. Also explain if dismissed or asked to resign from any employment.

May we contact your current employer?  Yes  No

SFF will conduct references with previous employers.

EMPLOYMENT INFORMATION	DESCRIPTION OF DUTIES		
EMPLOYER	Position Title	Number Supervised	
Address, City, State	Description of Duties:		
Immediate Supervisor			Phone No.
Dates of Employment (Month, Year)			Ending Salary
FROM: TO:			\$
Total Time Employed:			Hours Worked Per Week
Years: Months:			
Reason for Job Change			

<b>EMPLOYER</b>	Position Title	Number Supervised
Address, City, State	Description of Duties:	
Immediate Supervisor _____ Phone No. _____ ( )		
Dates of Employment (Month, Year) _____ Ending Salary _____ FROM: _____ TO: _____ \$		
Total Time Employed: _____		
Years: _____ Months: _____		
Reason for Job Change		
<b>EMPLOYER</b>	Position Title	Number Supervised
Address, City, State	Description of Duties:	
Immediate Supervisor _____ Phone No. _____ ( )		
Dates of Employment (Month, Year) _____ Ending Salary _____ FROM: _____ TO: _____ \$		
Total Time Employed: _____ Hours Worked Per Week _____		
Years: _____ Months: _____		
Reason for Job Change		
<b>EMPLOYER</b>	Position Title	Number Supervised
Address, City, State	Description of Duties:	
Immediate Supervisor _____ Phone No. _____ ( )		
Dates of Employment (Month, Year) _____ Ending Salary _____ FROM: _____ TO: _____ \$		
Total Time Employed: _____ Hours Worked Per Week _____		
Years: _____ Months: _____		
Reason for Job Change		
<b>EMPLOYER</b>	Position Title	Number Supervised
Address, City, State	Description of Duties:	
Immediate Supervisor _____ Phone No. _____ ( )		
Dates of Employment (Month, Year) _____ Ending Salary _____ FROM: _____ TO: _____ \$		
Total Time Employed: _____ Hours Worked Per Week _____		
Years: _____ Months: _____		
Reason for Job Change		

## PROFESSIONAL REGISTRATION/CERTIFICATION

TYPE	LICENSE NUMBER/TEST DATE	EXPIRATION DATE	STATE
*RN/LPN/CNA/OTHER (PLEASE CIRCLE)			
*CPR			
*FIRST AID			
*NCI			
**BLOODBORNE PATHOGENS			
**TB			
**HEPATITIS B			
<b>*Have you ever had any disciplinary action taken on your professional registration? Yes / No (If yes, please explain):</b> _____ _____ _____			
<b>**Acceptable if current</b>			

## EDUCATION RECORD

Circle last grade completed in elementary or high school

1 2 3 4 5 6 7 8 9 10 11 12  GED

Name and location (City/State) of last high school:

NAME & LOCATION OF SCHOOL	Dates Attended		Credit Hours Completed	Did You Graduate?	Degree Earned	Curriculum	
	From	To				Major	Minor
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate or Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Schools (Business, Technical or Military)				<input type="checkbox"/> Yes <input type="checkbox"/> No			

## ADDITIONAL INFORMATION

List any certificates, licenses, special skills, qualifications, training, and language skills you have acquired along with specialized equipment you can operate.

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted or plead guilty to a driving or criminal offense, felony or misdemeanor within the last 5 years?  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any material omission of facts or misrepresentation may result in my discharge, if hired, regardless of when discovered. Unless otherwise expressly stated in a written appointment to a position or in a written contract of employment duly approved and executed by SFF, regular office/service and managerial/professional employees are considered employees at will, and either SFF or the employee may terminate the employment relationship upon giving the proper advance notice. I grant permission to the Solid Foundation Facilities, Inc to investigate my employment record, educational record, criminal record, and other records to verify the information I have provided on this application and/or any additional information I have provided and release the SFF from any liability resulting from such investigation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED**



Solid Foundation Facilities, Inc. is an Equal Opportunity Employer and selects employees regardless of race, color, religion, sex, national origin, age, ancestry, physical or mental handicap, or veteran status, under Local, State, or Federal Equal Opportunity Laws.

1. I understand and agree that any misrepresentation or omission of fact in my application will render this application void and may result in refusal to employ me, or if hired, termination of my employment.
2. I authorize Solid to investigate my work history, to verify all data given in my application for employment, related documents, or interviews and to contact my former employers, references, reporting agencies, and any other persons. I recognize and acknowledge that any such information may be the basis for declining the employment applied for or, if hired, for terminating the employment. I request and authorize all persons so contacted to furnish the information so requested and, in consideration for so doing, hereby release any persons furnishing or receiving such information from all liability which might arise out of the communication so made or the information so furnished. I agree to complete a release for SFFI to conduct a criminal background check, a DMV check, NC Health Care Personal Registry check and the OIG and GSA/EPLS check and understand that an employment offer will be contingent on a review of this background check, pursuant to SFFI policies and procedures.
3. I understand that I may be required to take a medical examination or a drug screening by a qualified professional or a laboratory at the discretion of SFFI after a conditional offer of employment has been made by SFFI.
4. I agree that, if given a conditional offer of employment, I will provide, and authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the job for which I have been offered employment.
5. I understand and agree that any employment offered pursuant to this application will be at-will, terminable by either party at any time, with or without reason, with or without notice, and with or without procedural formality or progressive discipline. I understand and agree that no representation, written or oral, express or implied, including without limitation those contained in any employment manuals, handbooks or information booklet that may be distributed to me during the course of my employment. I further understand and agree that no person at SFFI, other than the CEO, has any authority to make any promise or representation to alter the at-will character of my employment. I understand that this is an application for employment and no employment contract is offered or implied, and that SFFI is bound by the NC laws regarding employment at will.
6. I understand and agree that, if offered employment, such employment shall be subject to the reasonable rules and regulations of SFFI as issued or changed at any time without notification.
7. I understand and agree that Solid may at times require overtime, holiday work, change of hours and/or days I am scheduled to work, or require me to work a schedule other than for which I was originally hired, and I accept these as conditions of my continuing employment.
8. I understand and agree as a condition of my employment, that my wages will be paid by direct check. Further I will immediately communicate changes to the payroll department for address changes.
9. I understand and agree that Solid may change my job title, assigned duties, wages, benefits, place of employment, and/or other conditions of employment at any time and I accept these as conditions of my continuing employment.
10. I understand and agree that this is an application for employment, and that no employment contract is offered or implied.

**I have read, understand and agree to the above conditions.**

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

## **Immigration Reform and Control Act of 1986**

Employment with SFFI will be contingent upon documentation of your identity and eligibility to work for wages in the United States and completion of Immigration and Naturalization Service Form I-9

### **Per-Employment Release Statement**

As certified on the attached employment application, I declare that my answers are true and I, the undersigned do hereby authorize SFFI (the company) to obtain and/or examine pre-employment information, including references from previous employers, personal and business references, criminal records on file, Department of Motor Vehicles records, professional license, certifications and registrations.

I do understand I am waiving my right to confidentiality regarding this pre-employment information. I also hereby release the company and its employees, officers, agents and affiliates from any and all claims, rights actions or liabilities of any kind or nature that may result from information obtained from the above sources.

I understand that completion of this application does not assure me of a position with SFFI and does not obligate SFFI to me in any way.

I further understand that any misleading or incorrect statements or the failure to complete any part of this application not prohibited by law may render this application void and if employment could be caused for immediate discharge.

### **An Equal Opportunity Employer**

It is the Policy of SFFI not to discriminate in its employment of the provision of services in regard to race, sex, handicap, age, religion, political affiliation, or national origin, unless a bona fide occupational qualification exists.

\_\_\_\_\_

Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date

**AUTHORITY FOR RELEASE OF INFORMATION**  
**State Access Only**  
**Name Check Access**

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with SOLID FOUNDATION FACILITIES INC pursuant to DHHS-LONG TERM - STATE AND FED - NCGS 122C-80B/131D-40A A1/131D-40A A1.

(Type or print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a HARD COPY of the results of this criminal history record check to me.

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's/Volunteer's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

This form must be maintained on file with the above named agency for one year. UPON COMPLETION OF THIS FORM, MAIL A PHOTOCOPY TO THE ADDRESS INDICATED BELOW:

State Bureau of Investigation  
Criminal Information and Identification Section  
Attn: Applicant Unit  
Post Office Box 29500  
Raleigh, North Carolina 27626-0500

**ORI # HCPCAR706 - SOLID FOUNDATION FACILITIES INC**

HCPCAR706



### **Professional References**

Please complete the following information for three professional references. To aid in your potential employment, please ensure that all information is accurate and current. To assist SFFI in their efforts to locate and consult the listed references, please provide any known alternate numbers and the best possible times to reach the reference. Thank you.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_  
Best time(s) to reach: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_  
Best time(s) to reach: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_  
Best time(s) to reach: \_\_\_\_\_

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



*SOLID FOUNDATION FACILITIES, INC.*  
*Post Office Box 709*  
*224 Ward Road*  
*Windsor, North Carolina 27983*  
*252-794-2385*

## **Employee Availability Form**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Group Home: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>

**Shifts are:** 8am-4pm / 7am-3pm (Day Shift),  
4pm-12 midnight / 3pm-11pm (Evening Shift)  
12 midnight -8am / 11pm-7am (Midnight Shift)

Please specify the shift(s) you can work and do not just write ANY SHIFT.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

*Solid Foundation Facilities, Inc.*  
*Post Office Box 709*  
*224 Ward Road*  
*Windsor, North Carolina 27983*  
*252-794-2385 Phone*  
*252-794-1923 Fax*

**Solid Foundation Facilities, Inc. will need the following information to be submitted with the application or before beginning work. Please submit copies/originals of items checked below:**

- Complete Application of Employment
- Copy of High School Diploma or GED
- High School Transcript (Official/Sealed)
- Copy of College Degree (If Applicable)
- College Transcript (Official/Sealed)
- Copy of Unofficial College Transcript
- Copy of Driver's License
- Copy of Social Security Card
- Copy of Auto Insurance Policy (Declaration Page)
- TB Skin Test or Chest X- Ray (Health Department) – Copy of Original
- Copy of CPR/First Aid Certification Card (If Applicable)