

Next Level Family Solutions, LLC
11128 Olde English Drive
Charlotte, NC 28216

EMPLOYMENT APPLICATION
CONFIDENTIAL INFORMATION

Next level Family Solutions, LLC is a private for-profit organization that provides services to individuals with diagnosis of Intellectual or Developmental Disabilities. We use a team approach to help these individuals become productive citizens. Next Level Family Solutions, LLC is an Equal Opportunity Employer dedicated to a policy of non-discrimination on any basis including race, color, religion, sex, age, national origin, protected veteran status, medical/physical/disability status, sexual orientation, gender identity or expression, marital status, genetic information, or any other characteristic protected by federal, state or local laws.

Please Print

APPLICATION INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Social Security Number: _____

Driver's License Number/State: _____

Job Position Applied For: _____

Who referred you to our company? _____

Have you applied to our company previously? Yes No

If yes, when? _____

Are you at least 18 years of age? Yes No

Are you willing to work any shift, including nights and weekends? Yes No

If no, please state any limitations: _____

If applicable, are you available to work overtime? Yes No

If you are offered Employment, when would you be available to start? _____

Are you eligible for Employment in the United States? Yes No

Are you able to perform the essential functions of the job position with or without reasonable accommodation?

Yes No

What reasonable accommodations, if any, would you require? _____

Have you ever been convicted of any crime, including traffic violations? Yes No

If yes, please describe: _____

EDUCATION AND TRAINING

College/University: _____

Address: _____

Dates attended (Month Year) _____ Did you receive a degree? Yes No

If yes, list degree received: _____

High School/GED: _____

Address: _____

Dates attended (Month Year) _____ Did you graduate? Yes No

Additional training (graduate, technical, vocational): _____
Military Service: _____ Yes No

Check the following skills that you have experience and enter the number of years of experience.

Skill	Years of Experience
Experience with MR/IDD, mental health, substance abuse	_____
Typing	_____
Microsoft Office Suite (Word, Excel, PowerPoint, Outlook)	_____
Customer Service	_____
Filing	_____

EMPLOYMENT HISTORY (please list all positions held within the last 5 years)

Use additional sheets if necessary.

Employer Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Supervisor's Name: _____ May we contact? _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment: (Month/Year) _____

Employer Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Supervisor's Name: _____ May we contact? _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment: (Month/Year) _____

Employer Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Supervisor's Name: _____ May we contact? _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment: (Month/Year) _____

Confidentiality statement for Employees, contractors & volunteers

Instructions: Next Level Family Solutions, LLC representative will sign this form upon employment, annually or as needed. The representative keeps one copy and the original is filed in the personnel file.

Next Level Family Solutions, LLC

Staff _____ Witness _____

Date signed _____

I understand that Next Level Family Solutions, LLC has a legal and ethical responsibility to maintain individual privacy, including obligations to protect the confidentiality of individual information and to safeguard the privacy of individual formation. I understand that during the course of my employment/assignment/affiliation at Next Level Family Solutions, LLC, I may see or hear other Confidential Information such as financial data and operational information pertaining to Next Level Family Solutions, LLC which I am obligated to maintain as confidential.

As a condition of my employment/assignment/affiliation with Next Level Family Solutions, LLC, I understand that I must sign and comply with this agreement. By signing this document, I understand and agree that:

- I will disclose PHI/or Confidential Information only if such disclosure complies with Next Level Family Solutions, LLC, policies, and is required for the performance of my job.
- My personal access code (s), user ID (s), access key (s) and password (s) used to access computer systems or other equipment are to be kept confidential at all times.
- I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask my supervisor for clarification.
- I will not discuss any information pertaining to Next Level Family Solutions, LLC, in an area: where unauthorized individuals may hear such information (for example in hallways, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any Next Level Family Solutions, LLC information in public areas even if specifics such as an individual's name are not used.
- I will not make inquiries about any Next Level Family Solutions, LLC information for any individual or party who does not have proper authorization to access such information.
- I will not make unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of Individual Information or Confidential Information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring PHI or Confidential Information from Next Level Family Solutions, LLC computer system to unauthorized locations for instance, home.
- Upon termination of my employment/assignment/affiliation with Next Level Family Solutions, LLC I will immediately return all property (e.g. keys, documents, ID badges, etc.) to Next Level Family Solutions, LLC.
- I agree that my obligations under this agreement regarding Individual Information will continue after the termination of my employment/assignment/affiliation with Next Level Family Solutions, LLC.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my employment/assignment/affiliation with Next Level Family Solutions, LLC and or suspension, restriction, or loss of privileges, in accordance with Next Level Family Solutions, LLC policies, as well as potential personal civil and criminal legal penalties. I understand that any confidential Information or individual information that I access or view at Next Level Family Solutions, LLC do not belong to me. I have read the above agreement and agree to comply with all its terms as a condition of continuing employment.

Name/Title _____ Date _____

The existence of a criminal record does not constitute an automatic bar to Employment unless relevant to the type of Employment.

I certify the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application or if Employment commences, immediate termination. I authorize, Next Level Family Solutions, LLC, to contact former employers and educational organizations fully and freely communicate information regarding my previous Employment and attendance. If an Employment relationship is created, I understand that unless I am offered a specific written contract of Employment signed on behalf of the organization, by its Owner, the Employment relationship is “at-will”. This means that the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the Employment relationship at any time and without cause. No agent, representative, or employee of Next Level Family Solutions, LLC, except in a written specific contract of Employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the Employment relationship.

I HAVE FULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS

Applicant Signature

Date

Next Level Family Solutions, LLC
1128 Olde English Drive
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CONFIDENTIAL PERSONAL EMERGENCY SHEET

(Please Print)

Full Name: _____
(As it appears on your social security card)

Social Security Number: _____

Home Address: _____

Cell Phone: _____

Home Phone: _____

Date of Birth: _____

Email Address: _____

Marital Status: Single Married Separated Divorced Widowed

Race: White Black Hispanic Asian American Other _____

Please list Allergies _____

Medical Conditions _____

Job Title: _____

Supervisor: _____

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY

Full Name: _____

Address: _____

Relationship: _____

Phone Number: _____ Work Number: _____

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Next Level Family Solutions, LLC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Next Level Family Solutions, LLC will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Employee

Date

Employee's Name - Printed

Next Level Family Solutions, LLC Background Screening Form

Last Name _____ First _____ Middle _____ Suffix _____
 Please list any other names used (Other/Maiden/Alias) _____
 Social Security# _____ Date of Birth _____ (month/day/year)
 Driver's License# _____ State _____
 Phone# _____
 Email _____
 Present Address _____
 City _____ State _____ Zip _____
 County _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: if you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: _____ Date: _____

For Employer Use Only: Please mark (✓) the searches to be conducted.			
Contact: _____		Email: _____	
Phone: _____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next Level Family Solutions, LLC Employment/Experience Verification Form

I authorize, Next Level Family Solutions, LLC, to perform an Employment/Experience verification check through the employer(s) listed below. I have been made aware this authorization is in connection with my application for employment or volunteer services through this agency.

(Please Print)

Last Name	First Name	Middle Name
Maiden Name		
Social Security Number	Date of Birth	Gender

Name of Past Employer Contact Name Phone Number address	Date of Hire	Last Date of Work	Title How many Hours/Week
	____/____/____	____/____/____	Title: _____ F/T or P/T _____hrs./wk.
	____/____/____	____/____/____	Title: _____ F/T or P/T _____hrs./wk.
	____/____/____	____/____/____	Title: _____ F/T or P/T _____hrs./wk.

I am giving permission to release this information to Next Level Family Solutions, LLC

Applicant's/Volunteer's Signature	Date
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Next Level Family Solutions, LLC
Personal Reference Form

I authorize, Next Level Family Solutions, LLC to perform a Personal Reference check of the name(s) listed below. I have been made aware this authorization is in connection with my application for employment or volunteer services through this agency.

(Please Print)

Last Name	First Name	Middle Name
Maiden Name		

<u>Personal Reference</u> Contact Name Phone Number and Address	Relationship Type	Length of Relationship	OFFICE USE ONLY Comments/Verification made by Reference check. Date completed and I.O.I Signature:

I am giving permission to release this information to Next Level Family Solutions, LLC

Applicant's/Volunteer's Signature	Date
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HEPATITIS-B STATEMENT

****CONFIDENTIAL INFORMATION****

_____ I have received the immunization for Hepatitis-B

_____ I have not received the vaccination for Hepatitis-B (waiver)

I understand that due to my occupational exposure to blood and/or other potentially infectious bodily fluids I may be at risk of acquiring Hepatitis-B. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis-B. If in the future I want to be vaccinated with the Hepatitis-B vaccine I may.

Signature of Employee Date