



Care4All Children Services, Inc.

APPLICATION FOR EMPLOYMENT

Qualified applicants receive equal consideration. No applicant will be excluded due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under Local, State or Federal law.

Date of Application ____/____/____ Position applied for _____

How did you hear about us? _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____

Telephone Numbers: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Mobile Other

Are you legally authorized to work in the U.S.? YES _____ NO _____

NOTE: You will be required to furnish documents to verify your eligibility in accordance with the Immigration Reform and Control Act. Your employment is contingent upon furnishing such documents. Only applicants legally authorized to work in the United States will be considered for employment.

What schedule are you available to work: Full Time Part Time Temporary

Are you at least 18 years of age? Yes No

Can you travel if a job requires it? Yes No

Are you presently employed? Yes No

If so, may we contact your employer? Yes No

Have you lived outside of Georgia in the past ten years? Yes No

If yes, what State or Country _____

Have you ever worked for Care4all Children Services, Inc.? Yes No

If yes, when and reason for separation: _____

Have you ever been convicted of a crime other than a minor traffic violation or are there any pending charges against you? Yes No

(A conviction does not automatically bar you from employment)

If yes, please provide a detailed explanation including dates, charges, places, court/s, etc. Use a separate page if needed.

If hired, when will you be available for work?

What are your salary expectations?

Hourly Applicants \$ _____ per hour

Salaried Applicants \$ _____ per year

EMPLOYMENT HISTORY

Please list your complete employment history. List present or most recent employer first. Use additional page if necessary.

Employer:			
Address:		City	State Zip Code
Phone:		Supervisor:	
() _____ - _____			
Employed: (Mo/Yr)	Type of work performed	Present / Last Salary	Reasons for Leaving
From:			
To:			

Employer:				
Address:		City	State	Zip Code
Phone:		Supervisor:		
() _____ - _____				
Employed: (Mo/Yr)	Type of work performed	Present / Last Salary	Reasons for Leaving	
From:				
To:				

Employer:				
Address:		City	State	Zip Code
Phone:		Supervisor:		
() _____ - _____				
Employed: (Mo/Yr)	Type of work performed	Present / Last Salary	Reasons for Leaving	
From:				
To:				

Employer:				
Address:		City	State	Zip Code
Phone:		Supervisor:		
() _____ - _____				
Employed: (Mo/Yr)	Type of work performed	Present / Last Salary	Reasons for Leaving	
From:				
To:				

Employer:				
Address:		City	State	Zip Code
Phone:		Supervisor:		
() _____ - _____				
Employed: (Mo/Yr)	Type of work performed	Present / Last Salary	Reasons for Leaving	

Employer:		Address	
From:	City	State	Zip Code
To:			
Phone:		Supervisor:	
() _____ - _____			
Employed: (Mo/Yr)	Type of work performed	Present / Last Salary	Reasons for Leaving
From:			
To:			

Employer:				
Address:		City	State	Zip Code
Phone:		Supervisor:		
() _____ - _____				
Employed: (Mo/Yr)	Type of work performed	Present / Last Salary	Reasons for Leaving	
From:				
To:				

Employer:				
Address:		City	State	Zip Code
Phone:		Supervisor:		
() _____ - _____				
Employed: (Mo/Yr)	Type of work performed	Present / Last Salary	Reasons for Leaving	
From:				
To:				

Education:

Schools	Name/Location	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High school				
Undergraduate College				
Graduate/Professional				

Others (Specify)				
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Describe any job-related training received in the United States Military, if applicable.

Describe any specialized training, apprenticeship skills and extra-curricular activities that may be useful to the position applied for:

Do you have other skills relevant to the position for which you are applying?

Professional References:

1. _____
 Name Address Phone Number Occupation

2. _____
 Name Address Phone Number Occupation

3. _____
 Name Address Phone Number Occupation

Personal References:

1. _____
 Name Address Phone Number Occupation

2. _____
 Name Address Phone Number Occupation

3. _____
 Name Address Phone Number Occupation

Additional Information / Community Involvement

List professional, trade, business or civic activities and offices held. You may exclude memberships which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Summarize special job-related and qualifications acquired from employment or other experiences.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I understand that falsification, omission or misstatement of information may result in refusal to hire, or, if hired, termination of employment.

I hereby give permission to Care4allchildren Services, Inc. to conduct a personal check on my background including but not limited to, information as to my criminal background, character, general reputation, personal characteristics and mode of living, discerned through County, State and Federal records check, employment and education verifications, professional references, personal interviews, work history, business and personal records, and hold harmless the above referenced. This information will be obtained and used to verify information I have provided to Care4allchildren Services, Inc. I understand that any offer of employment is contingent upon the results of the aforementioned background checks.

This application is considered active for 60 days, if the position remains open and an applicant has new information and wishes to re-apply, a new application is required after 60 days of the initial application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Care4allchildren Services, Inc. is of an "at will" nature, which means that, I (the employee) may resign at any time and the company (the employer) may terminate my (the employee) employment at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by either the President/C.E.O. or the C.F.O. of the company. I further understand that I am required to abide by all rules and regulations of the employer.

_____/_____/_____
Signature of Applicant Date



Care4All Children Services, Inc.

APPLICANT STATEMENT FOR RELEASE OF INFORMATION

Full Name of Applicant: _____

Previously used names (nicknames, maiden name, etc) _____

DOB: _____ SS#: _____ DL # & State: _____

DMRS PERPRETRATOR LIST

I _____ certify and affirm that to the best of my knowledge and belief I

have or have not (circle one)

had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize **Care4all Children Services, Inc.** to have full and complete access to any and all current or prior personnel or investigative records as pertains to any substantiated allegations against me, of abuse, neglect, mistreatment, or exploitation.

GEORGIA PAROLEE DATABASE GEORIGA SEXUAL OFFENDER REGISTRY NATIONAL SEX OFFENDER REGISTRY GEORIGA RESIDENTIAL ADDRESS SEARCH GEORGIA DEPARTMENT OF CORRECTION DATABASE

I _____ authorize **Care4all Children Services, Inc.** to perform a background search on me through Georgia's Abuse and Neglect Registry; Georgia's Sexual Offender Registry, Georgia's Felony Database, Motor Vehicle Records and Georgia Bureau of Investigation's Criminal History Records using the information provided above.

Signature of Applicant

Date

Witness

Date

Results Verified by

Date



Care4All Children Services, Inc.

Drug Screen Release

In the attempt to assure that all employees are drug free, we may require that you submit to drug screens in the form of urine analyses. These may be requested at any time during your employment with Care4all Children Services. **The following form must be completed by each Potential Candidate prior to employment, and thereafter UPON REQUEST.** Refusing to complete this form will prevent you from moving forward in the hiring process.

I, _____, do hereby agree to the following rules:

Statement of Rules	Initials & Date
I understand that Care4all Children Services will not permit the abuse of any illegal drugs or chemicals by me throughout my tenure as an employee with the agency.	
I further understand that I may be requested at any time to submit to urine analysis to rule out the use or abuse of illegal drugs and chemicals.	
I understand that I must complete the urine analysis the day and time requested by the agency.	
I understand that failing to comply with a requested urine analysis within the stated time period will be viewed as an admission of guilt and may result in denial or termination of my employment by Care4all Children Services.	
I understand that a positive test for illegal street drug use will be cause for an internal hearing and will result in termination of my employment	
I understand that a conviction of drug trafficking or a related offense during my tenure as an employee could result in termination of my employment with Care4All Children Services.	
I understand that Care4all Children Services may make, at any time, revisions to these rules and that I will be expected to sign a revised version of this form.	

Signature of Foster Parent or Candidate

Date

Signature of Care4all Children Services Staff

Date



Care4All Children Services, Inc.

Consent for Criminal Records History Check

I hereby authorize **Care4All Children Services, Inc.** to access any criminal history record pertaining to me, which may be in the files of any local, state, or national criminal justice agency that can be lawfully accessed by a non-criminal justice agency in Georgia.

Signature

Date

Email Address

Last Name

/_____
First Name

/_____
Middle Name

/_____
Maiden Name

Current Address

City

/_____
County

/_____
State

/_____
Zip

Gender

/_____
Race

/_____
DOB

/_____
Social Security Number

Height

/_____
Weight

/_____
Eye Color

/_____
Hair Color

Place of Birth (City, State)

Country of Citizenship

Driver's License Number and State



Care4All Children Services, Inc.

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the company to initiate automatic deposits to my account at the financial institution named below. I also authorize the company to make withdrawal from this account in the event a credit entry is made in error.

Further, I agree not to hold the company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the company receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the HR Department.

Employee Name (Please Print): _____

Account Information

PAYROLL DIRECT DEPOSIT INFORMATION:

- A. Bank Name: _____
- B. Routing/Transit #: _____
- C. Bank Account #: _____
- D. Checking: _____ Saving: _____
- E. Full Deposit: _____ Partial Deposit (amount per payroll): _____

Acknowledgment & Signature

- I authorize Care4All and the bank listed above to deposit my net pay or portion thereof and any other payments as indicated above into my account.
- If funds to which I am not entitled are deposited to my account, I authorize Care4All Children Services, Inc. to direct the bank to return said funds.
- I understand that my deposit may not be credited to my account until 5:00 PM on the pay date indicated on the check voucher.

Signature: _____ Phone: _____

Name (Printed): _____ Date: _____

****PLEASE ATTACH A VOIDED CHECK OR DIRECT DEPOSIT FORM FROM YOUR BANK****



Care4All Children Services, Inc.

HR Confidentiality Agreement

I understand that the performance of my duties and my employment will bring me in touch with significant amounts of confidential information about clients, their families and other staff members. As part of the conditions of my employment, I agree to protect the confidentiality of all private and sensitive information and to hold medical information in confidence. Specifically:

1. I will protect the confidentiality of all documents and materials that I handle in the course of my routine responsibilities. This includes documents, hard copies or electronic data, at home, in a vehicle, at work or any other location. Any hear-say information equally falls under this category of discretion.
2. I will refrain from discussing or commenting upon confidential matters with individuals who do not have a clear need to know such information.
3. I understand that my user ID and password for all of the company's computer systems and applications serve as "keys" to access confidential information. I understand that to share my password and user ID with anyone represents a functional release/disclosure of confidential information and is a violation of this agreement.
4. I understand that email does not represent a secure form of communication and no identifying client information should be included in email. First name with last initial may be used.
5. I understand that unless I am told otherwise on a specific matter, I am to assume that any and all information, which I encounter concerning staff, clients and their families is confidential.
6. I understand the provisions of this confidentiality policy that any violation of the confidentiality of information may result in punitive action, including civil penalties and/or disciplinary action, including and up to termination of employment, for unauthorized release/disclosures of confidential client information and medical information.

I have read this agreement and I have had the opportunity to ask questions on any point which I do not understand. I will abide by this agreement. I understand that the original signed copy of this agreement becomes a part of my personnel file.

Signature: _____ Date: _____



Care4All Children Services, Inc.

Non-Solicitation and Non-Competition Agreement

This agreement is entered into by _____ and Care4All Children Services prior to and as a reflection to Care4All Children Services at-will employment of Employee.

By initialing the conditions below, I _____ acknowledge and agree to be compliant with continuing conditions regarding employment and for respected and moral considerations, including contracts, restrictions and agreements.

I Assent:

_____ To keep all private information furtive and avoid unapproved distribution in any form. All confidential information that an employee has access to is a result of the employment and the employee is to refrain from discussing or sharing Confidential information with any person or entity, unless unambiguously authorized by Care4All Children Services or a client's legal guardian or if sharing of this information is required by court order.

_____ To abstain from sharing any passwords, user ID's or any other tools that will enable access to employers' confidential information through its computer, data systems or files.

_____ At no time during employment with Care4All Children Services will I provide rehabilitative, foster care or any other competitive services with Care4All directly or indirectly. Specifically, either as an individual or as a member, employee, partner, shareholder, owner, investor, principal, agent, consultant, trustee, independent contractor of, or in any other capacity affiliated with, a competing organization anywhere within the state of Georgia.

_____ To abstain, in emails and other written communications, from identifying clients by their full names and, unless otherwise required by law, to identify clients by First initial and Last name only.

_____ The employee understands and is familiar with the provisions of HIPAA and agrees to comply with HIPAA, including the provisions that limit the use and release of protected health information.

_____ At no time during or after employment with Care4All Children Services will I directly or indirectly hire, solicit or encourage employees to leave the agency and I will not engage in any activity with any current or former member, employee, partner, shareholder or activity that competes with the agency.

_____ At no time during employment with Care4All Children Services will I directly or indirectly divert, solicit or attempt to solicit any person or entity who is or was a client of the agency or a provider of services to Care4All Children Services at any time during the term or

within a one year period preceding the effective date of leaving the agency or to discontinue providing services to the agency.

Employee acknowledges and agrees that because it may be challenging to accurately measure damages sustained by employer due to a breach by employee of the agreements and restrictions enclosed in this agreement and that monetary damages may not in and of themselves be an adequate remedy, in the event that an employee breaches, attempts to breach or threatens to breach this agreement Care4All shall be entitled to recover as part of its damages any and all salaries, fees, commissions, income, profits or other compensation or gain what the employee may have received or become entitled to receive through activity constituting the actual, attempted, or threatened breach of this agreement. In addition to all legally available remedies, the agency shall be entitled to acquire from any court of proficient jurisdiction an order prohibiting employee from any further breaches of this agreement and rejecting any action taken by employee contrary to the terms of this agreement. To that end, that employee further acknowledges and agrees that in any such action for injunctive relief, any requirement that employer show or establishes irreparable harm or injury shall be conclusively satisfied by the introduction of this agreement into evidence. Employee further understands that any breach of this agreement which also violates any applicable state or federal law could result in official punitive action against employee by a government or administrative entity.

That in the event any provision in this agreement shall be determined to be invalid or unenforceable for any reason, such invalidity or unenforceability shall not affect the validity and enforceability of the remaining valid and enforceable provisions, which shall be construed as if such invalid or unenforceable paragraph(s) had not been inserted. If a court of competent jurisdiction finds any provision to be so overbroad as to be unenforceable, it is the parties' intention that the provisions be reduced in scope by the court but only to the extent necessary to render the provisions enforceable, it being the parties' intention that the employer be given the broadest possible protection against competition by the employee.

I have read this Agreement and I have had the opportunity to ask questions about it and to have this agreement reviewed by independent legal counsel of my choosing. I further understand that the original signed copy of this Agreement will become an official part of Care4All Children Services personnel file related to the employment.

Signature: _____ **Date:** _____



Care4All Children Services, Inc.

EMPLOYEE EMERGENCY CONTACT FORM

Social Security Number: _____ - _____ - _____ Dept: _____

Name: _____
Last First MI

Phone: _____ Cell: _____ Email: _____

***** **CONTACT PERSON(S)** *****

Primary Contact Person: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Alternate Contact Person: _____

Phone: _____ Cell Phone: _____

***** **HEALTH** *****

Health Alert:

**Please return completed form to be included in your Personnel file.
This information will be used only in a confidential manner**

Remember to complete an updated form at such time the information above changes