

NOTICE TO APPLICANTS AND EMPLOYEES:

Screening tests for alcohol and illegal drug use will be required before hiring & may be randomly during your employment. Criminal Record Checks will be processed. YOU MUST HAVE A VALID NORTH CAROLINA DRIVER'S LICENSE TO WORK FOR THIS AGENCY. THERE ARE NO EXCEPTIONS TO THIS REGULATION.



Application For Employment
AN EQUAL OPPORTUNITY EMPLOYER

Name: _____

Position Applied for: _____

Referral Source: Ad Friend Walk-In Agency Other

ADDRESSES FOR PAST FIVE YEARS

To/From Street Address City State Zip County

Date: _____ SS#: _____ Current Telephone () _____

Are you available to work? Full Time Part Time Shift Work Temporary

Date available to begin to work? _____ Wage Expected: _____

Are you on layoff and subject to recall? Yes No

Will you work Sat., Sun., and holidays? (On-Call) Yes No

Do you have reliable transportation? Yes No

Do you have a North Carolina drivers license? Yes No **A Valid N.C. Driver's License is a MUST!**

Are you legally able to work in the U.S.? Yes No

Do you have any relatives working for RMHA? Yes No If so, who: _____

Have you ever been bonded? Yes No What Company: _____

Have you ever been convicted of a crime in a Court of Law? Yes No If so, please explain: _____

Do you have any professional registrations or licenses? Yes No If yes, please list: _____

NAME, ADDRESS, & PHONE # OF 3 REFERENCES WHO ARE NOT RELATED & NOT PREVIOUS EMPLOYERS.

Name Address City State Zip Phone#

1. _____
2. _____
3. _____

In case of emergency, please notify: _____ Phone#: _____ Relationship: _____

Special Skills & Qualifications: Summarize special skills and qualifications from employment or other experience:

Please explain why you want the job and why RMHA should hire you. _____

RELEASE AUTHORIZATION FORM

Rocky Mount Housing Authority Cynthia Battle

P: 252.977.3141 F: 252.977.2587

Return Reports: FAX

To the extent permitted by applicable state law, I hereby consent to this investigation and authorize **Rocky Mount Housing Authority** (referenced as "company" throughout this document) to procure consumer reports, criminal background checks, investigative consumer reports (as defined by law), on my background from a consumer reporting agency (CRA) or from an investigative consumer reporting agency (ICRA), as described in the Background Check Disclosures, the State Disclosures, and the California State Law Disclosures (all of which I have received from the company). I have reviewed and understand the information, statements, and notices in all the disclosures provided to me as mentioned above by the company, as well as this Release Authorization Form. My authorization remains valid throughout my employment with the company, such that, to the extent permitted by applicable law, I agree company can procure additional consumer reports, criminal background checks, and/or investigative consumer reports (as defined by federal law) during my employment without providing additional disclosures or obtained additional authorizations. Except as otherwise prohibited by state law, I consent to and authorize the company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons. Information is not limited and may include drug test results and personal verification history. Furthermore, I release any and all employers, bureaus, agencies, individuals, data organizations, or companies, including Before You Hire, Inc. from all liabilities of damages that might occur from information obtained. I understand that the information regarding sex, race, and date of birth are for the sole purpose of gathering the information accurately and will not be used to discriminate against me in violation of any law. A facsimile (FAX) or photocopy of this release form shall be as valid as the original.

Name (First) _____ (Middle) _____ (Last) _____
 List any other name used in the last 7 years (Maiden name) _____

Address: _____ City _____ State _____ Zip _____
 County _____ Driver's License # _____ State _____

Gender: Male Female Race: _____ Phone (____) _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____
Month / Day / Year

List other cities or towns that you have lived in the last 7 years:

Dates _____ / _____ to _____ / _____

City _____ County _____ State _____ Zip _____

Dates _____ / _____ to _____ / _____

City _____ County _____ State _____ Zip _____

Applicant/Employee Signature _____ **Date** _____

<input type="checkbox"/>	Statewide Criminal Report (Indicate States Needed) >>
<input type="checkbox"/>	Motor Vehicle Report
<input type="checkbox"/>	National Sex Offender Report
<input type="checkbox"/>	SS#/Address Verification Report
<input type="checkbox"/>	Nationwide Sweep Background Report
<input type="checkbox"/>	Education Verification (Information Required > Institution Name/State, Name at Graduation, & Year of Graduation)
<input type="checkbox"/>	Employment Verification (Application/Resume Required)
<input type="checkbox"/>	NON DOT Drug Test >or< DOT Drug Test
<input type="checkbox"/>	Reason for test: _____
<input type="checkbox"/>	Other Services/Special Notes:

BEFORE YOU HIRE, INC.

2117 Simonton Road * Suite 101
 P: 704.878.3600 F: 704.878.0990
www.beforeyouhireinc.com





Revised 1/07

I, THE UNDERSIGNED, APPLYING FOR EMPLOYMENT DO HEREBY GIVE THE HOUSING AUTHORITY OF THE CITY OF ROCKY MOUNT PERMISSION TO INQUIRE ABOUT MY DRIVING RECORD WITH THE DEPARTMENT OF MOTOR VEHICLES IN (CITY) _____ (STATE) _____ AND A POLICE OR CRIMINAL CHECK ON MY BACKGROUND.

SIGNATURE: _____

Date: _____

Name: _____ Present Address: _____

Date of Birthday: _____

NC Driver License Number: _____

Social Security Number: _____

How long have you lived at present address? _____

Department of Motor Vehicles Name and Address: _____

Name and Address of County to Check Criminal Record: _____

Phone Number: () _____

Phone Number: () _____

If Applicable: Out of NC State Driver's Licence Number: _____

State of Licence: _____

NOTE:

MUST BE COMPLETED IF LIVED AT PRESENT ADDRESS LESS THAN 10 YEARS

Previous Address: _____

How long have you lived at previous address? _____

Previous Department of Motor Vehicles Name and Address: _____

Previous Name and Address of County to Check Criminal Record: _____

Phone Number: () _____


Phone Number: () _____

(Please ask for additional form to complete other addresses as needed for the ten year period)

File: employee/Backgdck



Revised 1/07

 I, _____ do hereby authorize
Rocky Mount Housing authority to check all reference for possible employment.

 Sign: _____  Date: _____

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