



Application for Employment

Guidelines

- To be considered for employment with XDS Inc., you must answer all questions and complete all sections of the Employment Application.
- Please print with dark ink or type. Fill in *complete* information on your education and work history. **“SEE RESUME” IS NOT ACCEPTABLE.**
- Indicate, in the space provided, the specific position(s) for which you are applying. You may use this application to apply for up to two (2) positions at once.
- List work experience by separately describing each position and its duties. Be certain to include dates of employment and hours per week worked if employment was part-time. Please describe the *population you served*, if possible.
- Check for accuracy, sign, and date your application.
- Complete the *Pre-Employment Inquiry Release Form*. This form will only be used if you are offered a position with XDS Inc.
- Complete the *Drug and Alcohol Consent Form*. This form will only be used if you are offered a position with XDS Inc.
- Complete the *Request for Motor Vehicle Report Form*. This form will only be used if you are offered a position with XDS Inc.
- Employment is contingent upon acceptability of drug test, criminal check, education verification, motor vehicle record, and North Carolina Health Care Registry check, and verification of professional license(s) and training certifications if applicable.
- XDS Inc. employs only U.S. citizens or aliens who can provide proof of identity and work authorization within three (3) working days of employment.
- XDS Inc. employees are paid via direct deposit of their paycheck into a financial institution of the employee’s choice.

Please note: Positions that require administration of First Aid or personal care duties will be required to obtain a pre-employment physical examination as well as annual physical examinations. XDS Inc. pays for personal examinations at our contract provider, or up to \$80 if the examination is obtained elsewhere.

Thank you for your interest in XDS Inc. Although everyone who applies cannot be hired, your application will be given every consideration. Please contact us if you are interested in subsequent vacancies, and we will re-activate your application within 30 days of initial submission for positions in which you are interested. Information about current vacancies may be obtained by visiting our employment opportunities link on our website at www.xdsinc.org

Send completed applications to:

**XDS Inc. Human Resources
P.O. Box 5070
Chapel Hill, NC 27514**



Employment Application

An Equal Opportunity Employer

NOTICE: This information will be used to determine a person's qualifications and abilities without regard to race, color, age, religion, sex, national origin, disability or any other characteristic protected by law. Any item on this form, which you feel tends to be discriminatory, need not be completed. Hire is subject to verification that applicant meets legal age and U.S. work permits requirements. This application will remain active for 30 days.

Position(s) applied for: _____

Last Name: _____ First Name: _____

Middle Name: _____ Maiden name: _____

Social Security #: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Main Phone #: _____

Are you eligible to work in the United States? Yes No Second Phone #: _____

Are you over the age of 18? Yes No

Have you ever applied at this company before? Yes No If Yes, when? _____

Have you ever worked for this company before? Yes No If Yes, when? _____

Are you employed now? Yes No If Yes, may we contact your present employer? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

If No, please describe the functions which cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants and employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

CRIMINAL HISTORY DISCLOSURE

Within the last ten (10) years, if you have forfeited bond, plead guilty or no contest to, been convicted of, or served time for any criminal offense, provide the date, the offense, the state and the county where such forfeiture, plea, or conviction occurred. This does not include motor vehicle violations. Full disclosure of criminal history is a condition of employment.

Desired salary: _____ Number of hours available per week: _____

Date you can start: _____

EDUCATION

High School Name of School: _____
Address: _____
City _____ State: _____ Zip: _____
From: _____ To: _____ Graduate? Yes No GED? Yes No

College, University, or other:

Name of School: _____
Address: _____
City _____ State: _____ Zip: _____
From: _____ To: _____ Graduate? Yes No
Degree Received: _____ Major: _____ Minor: _____
Course of Study: _____

Name of School: _____
Address: _____
City _____ State: _____ Zip: _____
From: _____ To: _____ Graduate? Yes No
Degree Received: _____ Major: _____ Minor: _____
Course of Study: _____

Name of School: _____
Address: _____
City _____ State: _____ Zip: _____
From: _____ To: _____ Graduate? Yes No
Degree Received: _____ Major: _____ Minor: _____
Course of Study: _____

Name of School: _____
Address: _____
City _____ State: _____ Zip: _____
From: _____ To: _____ Graduate? Yes No
Degree Received: _____ Major: _____ Minor: _____
Course of Study: _____

DRIVER LICENSE EXPERIENCE AND QUALIFICATIONS

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
 B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

If you answered Yes to either “A” or “B”, please provide details:

Licenses and Certifications specific to the position(s) being applied for.

Type	License/Certification #	Issued by:	Expiration date

Other than English, are you proficient in another language?

Language	Read?	Speak?	Write?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT RECORD

List each company for whom you have worked. Start with your present or most recent job and work backward. *Note: THIS SECTION MUST BE COMPLETED; “SEE RESUME” IS NOT A SATISFACTORY SUBSTITUTE* (If additional space is needed, print copies of page 5 and initial).

Employer Name:		Job Title:	
Address:			
Tel:		Supervisor Name:	
Dates of Employment- From:		To:	
			May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties Performed:			

Employer Name:		Job Title:	
Address:			
Tel:		Supervisor Name:	
Dates of Employment- From:		To:	
			May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties Performed:			

Employer Name:		Job Title:	
Address:			
Tel:		Supervisor Name:	
Dates of Employment- From:		To:	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties Performed:			

Employer Name:		Job Title:	
Address:			
Tel:		Supervisor Name:	
Dates of Employment- From:		To:	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties Performed:			

Employer Name:		Job Title:	
Address:			
Tel:		Supervisor Name:	
Dates of Employment- From:		To:	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties Performed:			

Employer Name:		Job Title:	
Address:			
Tel:		Supervisor Name:	
Dates of Employment- From:		To:	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties Performed:			

If this is a copy used for extended work history: Page ____ of ____, and initial _____

TRAININGS

List below any training courses you have successfully completed, and the date your trainings expire. Hard copy certificates of completion will be required.

<input type="checkbox"/>	ACTT training (19.5 hours)	Expires:	
<input type="checkbox"/>	Bloodborne Pathogens & Tuberculosis	Expires	
<input type="checkbox"/>	Case Management	Expires	
<input type="checkbox"/>	Client Rights	Expires	
<input type="checkbox"/>	Community Support Team	Expires	
<input type="checkbox"/>	Confidentiality	Expires	
<input type="checkbox"/>	CPR	Expires	
<input type="checkbox"/>	Crisis Planning	Expires	
<input type="checkbox"/>	Cultural Awareness Competencies	Expires	
<input type="checkbox"/>	First Aid	Expires	
<input type="checkbox"/>	HIPPA	Expires	
<input type="checkbox"/>	Incident and Accident Reporting	Expires	
<input type="checkbox"/>	Medication Administration	Expires	
<input type="checkbox"/>	Motivational Interviewing	Expires	
<input type="checkbox"/>	NCI-A	Expires	
<input type="checkbox"/>	NCI-B (Core or full)	Expires	
<input type="checkbox"/>	Person Centered Planning	Expires	
<input type="checkbox"/>	Person Centered Thinking (revised 2010 training preferred)	Expires	
<input type="checkbox"/>	Seeking Safety	Expires	
<input type="checkbox"/>	Wellness Recovery and Management	Expires	

List any additional training specific to the position(s) applied for:

	Expires	
	Expires	
	Expires	
	Expires	
	Expires	
	Expires	

REFERENCES

Give the names and addresses of persons, other than relatives and supervisors already listed in the work history section, which have knowledge of your experience and ability.

Name: _____ Occupation: _____

Address: _____ Years Known: _____

Relation: _____ Tel: _____

Name: _____ Occupation: _____

Address: _____ Years Known: _____

Relation: _____ Tel: _____

Name: _____ Occupation: _____

Address: _____ Years Known: _____

Relation: _____ Tel: _____

PLEASE READ CAREFULLY AND INITIAL

_____ In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit records, and/or criminal history. I authorize anyone processing this information to furnish XDS Inc., the "Company", and or any third party acting for it with the information and the "Company", and/or third party company from any and all liability and damages whatsoever in furnishing, obtaining, or using said information. I further understand that I will be provided a written notice if any adverse action is to be taken in whole or in part based on consumer reports.

_____ I understand that any offer of employment is subject to and contingent upon successfully passing to the Company's satisfaction, it's pre-employment drug test, security investigation, and any other qualifying test it may require.

_____ I have given true and complete information on this application to the best of my knowledge with the initial understanding that such information will be relied upon in considering my application for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in the immediate termination of my employment. I further agree that the Company shall have the right, if and when my employment is terminated, to furnish others with information regarding my work record.

_____ I understand that nothing contained in the application, or conveyed during any interview that may be granted or initial during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature: _____ **Date:** _____



APPLICANT FLOW DATA SHEET

XDS Inc.'s policy prohibits discrimination based on race, sex, color, creed, national origin, age, sexual orientation, disability, or political or religious opinions or affiliations. The information requested below will in no way affect you as an applicant. Its sole use will be to determine how our recruitment efforts are reaching all segments of the population.

Date of Birth

Month/Day/Year

Sex

- Male
- Female

Ethnicity

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black, African American
- Hispanic
- White
- Other: _____ (Please specify)

Veteran

- Vietnam Veteran

Disability* (Persons without a disability should
Check "None/Prefer not to report")

- None/Prefer not to report
- Blind or severely visually impaired
- Deaf or severely hearing impaired
- Loss or limited use of arms and/or hands
- Non-ambulatory (must use wheelchair)
- Other orthopedic impairment (including
Amputation, arthritis, back injury,
cerebral palsy, spina bifida, etc.)
- Respiratory impairment
- Nervous System/Neurological Disorder
- Mental Retardation
- Learning Disability
- Others (Please specify; for example,
heart disease, diabetes, speech impairment, etc)
- Other : _____
- Other : _____

Referral Source- Please indicate how you found out about the vacancy:

- Advertisement (identify ad, publication, or website) _____
- Employee Referral (name of employee) _____
- Other (i.e. job fair, recruitment agency, etc.) _____

* The reporting of a disability is strictly *VOLUNTARY*. DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) A RECORD OF SUCH IMPAIRMENT; OR (3) being regarded as having such an impairment." (Americans with Disabilities Act of 1990)

Information reported on this form will be kept confidential as required by state law. Public disclosure of this information without your consent would be a violation of GS 126-27.



DRUG AND ALCOHOL CONSENT RELEASE FORM

I _____ understand certain circumstances outlined in XDS Inc.'s Drug and Alcohol Testing Policy, drug and alcohol testing is a condition of my employment, or, if currently employed by XDS Inc., my continued employment. I consent to the collection of blood, urine, hair, or other specimens for the purpose of drug and/or alcohol testing, the analysis of the collected samples, the disclosure of the test results to the company or designees, and the use of such results for purposes related to my application for employment or continued employment with XDS Inc. I release XDS Inc., the collection agency, the testing laboratory and their employees and agents from all claims associated with the collection and analysis of the specimens and the use of disclosure of the test results and other information related to the testing.

I understand that nothing in this document constitutes a guarantee or offer of employment, or alter in any way the nature of my employment relationship with XDS Inc.

PLEASE READ CAREFULLY. THIS FORM CONTAINS CONSENT TO DRUG/ALCOHOL TESTING AND A RELEASE OF CLAIMS.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THIS DRUG AND ALCOHOL CONSENT AND RELEASE FORM AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Applicant Name (Please print) _____

Social Security Number: _____

Date: _____

Applicant Signature: _____



REQUEST FOR MOTOR VEHICLE REPORT

Date: _____

To: Teresa Rowland
Kim Rhodes
Citizens Insurance Agency
Fax (252) 492-6256

From: Cross Disabilities Services dba XDS, Inc.

The applicant/employee listed below has either applied for employment or is an employee at Cross Disabilities Services dba XDS, Inc. Verification of the applicant's driving record for the previous seven (7) years is required.

The applicant's information is:

Name: _____

Address: _____

Driver's License Number: _____ State: _____

Date of Birth: _____

Permission to request MVR

I _____ am giving permission for an MVR to be obtained now and in the future as needed during my employment with Cross Disabilities Services dba XDS, Inc. I understand that this information is to be used for the purpose of employment only.

Signature

Date