



APPLICATION FOR EMPLOYMENT

All applicants are considered for employment regardless of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Date of application: ___ / ___ / ___ -

PERSONAL INFORMATION

Last Name First Name Middle Initial

List any other names you have been known by

Street Address City State Zip Code

Contact Phone Number: L _ _) _ - _ (D Home D Cell)

Email Address: -----

Social Security Number: _ - _ - _ - _ Date of Birth: _ / _ / _ - (MM/DD/YYYY)

Position(s) applied for: _____ Date available for start: _____

Select one: D Full-Time D Part-Time O Temporary

How did you hear about us?

D Advertisement D Employment Agency D Friend D Relative

D Other (please list): _____

Have you applied with us before? D Yes D No

If yes, give dates: -----

Have you been employed with us before? D Yes D No

If yes, give dates: _____

Do you have any friends or relatives that work here? D Yes D No

If yes, state name, relationship and position: _____

Can you travel if the job requires it? D Yes D No

Employer (3): -----

Employer Address: _____

Employer Phone Number: (___) _____ Supervisor: _____

Job Title: _____ May we contact this employer? Yes No

Dates of employment: Start Date: ___ / ___ / ___ (MM/YY) End Date: ___ / ___ / ___ (MM/YY)

Rate of Pay: Start: _____ Hourly Salary Final: _____ Hourly Salary

Work performed: -----

Reason for Leaving: -----

Explain any gaps in employment:

Describe any specialized training/special qualifications:

Additional Information/Other Qualifications *(summarize special Job-related skills/qualifications acquired from employment or other experience)*:

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Based on your review of the job requirements, are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied?

Yes No

If you need accommodations in accordance with the Americans with Disabilities Act, please inform us at the time of interview.



FAMILY CRISIS CENTER OF WALKER, DADE, CATOOSA AND CHATTOOGA COUNTIES, INC.

PRE-EMPLOYMENT DRUG SCREENING TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to specimen tests as shall be determined by the Family Crisis Center of WDCC, Inc. in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that the Family Crisis Center of WDCC, Inc. may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release if the results of said tests to the company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this company.

I further agree to hold harmless the company and its agents (including the above-named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and the use of the information from said testing in connection with the company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

NAME (PRINT): _____ DATE: _ _/ _ _/ _ _ -

SIGNATURE: _____ S.S.#: _____ - _____ - _____ -

WITNESS:

NAME(PRINT): _____ DATE: _ _J _ _j _ _ -

SIGNATURE: _____

ABUSE STATEMENT

I, _____ have never been shown by credible department investigation or other reliable evidence to have abused, neglected, sexually exploited or deprived a child or adult, or have subjected any person to serious injury as a result of intentional or grossly negligent misconduct.

Employee Signature

Date

BACKGROUND CHECK AUTHORIZATION FORM

I hereby consent to submit to a criminal background check as shall be determined by the Family Crisis Center of WDCC, Inc. in the selection process of applicants for employment.

I further authorize the release of results to the company.

I further agree to hold harmless the company and its agents from any liability arising in whole or part and the use of the information in connection with the company's consideration of my application for employment.

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NAME (PRINT): _____

SIGNATURE: _____

DATE: __ / __ / ____ -

SUBSTANCE ABUSE POLICY STATEMENT

JANUARY, 2022

The Family Crisis Center of WDCC, Inc. is committed to providing a safe work environment and to fostering the well-being and health of its employees. That commitment is jeopardized when any Family Crisis Center employee illegally uses drugs on or off the job, comes to work under the influence, possesses, distributes or sells drugs in the workplace, or abuses alcohol on the job. Therefore, under authority of Georgia Law (O.C.G.A 34-9-410), the Family Crisis Center has established the following policy:

1. It is a violation of company policy for any employee to use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on or off the job.
2. It is a violation of company policy for any employee to report to work under the influence of or while possessing in his or her body, blood, or urine, illegal drugs in any detectable amount.
3. It is a violation of company policy for any employee to report to work under the influence of or impaired by alcohol.
4. It is a violation of company policy for any employee to use prescription drugs illegally, i.e., to use prescription drugs that have not been legally obtained or in a manner or for a purpose other than prescribed.
5. Violations of this policy are subject to disciplinary action up to and including termination.

*Copies of this policy are available in the business office.

6. As a condition of employment, employees must abide by the terms of this policy and must notify the Executive Director in writing of any conviction of a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
7. EMPLOYEE ASSISTANCE

The Family Crisis Center offers resource information on various means of employee assistance in our community, including but not limited to a list of names, addresses and contact telephone numbers of employee assistance programs and local drug rehabilitation programs. Employees are encouraged to use this resource file, which is located in the business office. In addition, we will distribute this information to employees for their confidential use.

8. GENERAL PROCEDURES

An employee returning to work visibly impaired will be deemed unable to properly perform required duties and will not be allowed to work. If possible, the employee's supervisor will first seek another supervisor's opinion to confirm the employee's status. Next, the supervisor and/or other qualified supervisor will consult privately with the employee to determine the cause of the observation, including whether substance abuse has occurred. If, in the opinion of the supervisor, the employee is considered impaired, the employee will be sent home or to a medical facility by taxi or other safe transportation alternative - and accompanied by the supervisor or another employee if necessary. A drug test may be in order. An impaired

1. Observable phenomena while at work such as direct observation of substance abuse or of the physical symptoms or manifestations of being impaired due to substance abuse;
 2. Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance;
 3. A report of substance abuse provided by a reliable and credible source;
 4. Evidence that an individual has tampered with any substance abuse test during his or her employment with the current employer;
 5. Information that an employee has caused or contributed to an accident while at work; or
 6. Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer's premises or while operating the employer's vehicle, machinery, or equipment.
- B. When employees have caused or contributed to an on-the-job injury that resulted in a loss of worktime, which means any period of time during which the employee stops performing the normal duties of employment and leaves the place of employment to seek care from a licensed medical provider.
- C. As part of a follow-up program to treatment for drug abuse when an employee has *involuntarily* entered a rehabilitation program because of a positive confirmed test result. The frequency of such testing shall be a minimum of at least once a year for a two-year period after completion of the rehabilitation program. Advance notice of testing shall not be given to the employee.
- D. When a substance abuse test is conducted as part of a routinely scheduled employee fitness-for-duty medical examination that is part of the company's established policy or that is scheduled routinely for all members of an employment classification or group.
- E. Random testing is conducted without individualized suspicion of a violation of the company's substance abuse policy. Selection is made by neutral criteria so that all employees eligible for testing have an equal opportunity of being tested.

If the physician, MRO, company official, or lab personnel have reasonable suspicion to believe that the employee has tampered with the specimen, the employee is subject to disciplinary action up to and including termination.

Employees with a confirmed positive test may, at their own option and expense, have a second confirmation test performed on the same specimen. An employee will not be allowed to submit another specimen for testing. The employee will be required to pay for any and all costs incurred by additional test(s).

13. ALCOHOL ABUSE

The consumption or possession of alcoholic beverages on this company's property is prohibited. (Company sponsored activities which may include the serving of alcoholic beverages are not

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APPLICANT:

NAME (PRINT): _____

SIGNATURE: _____

S.S.#: _____

DATE: _ / _ / _ _

WITNESS:

NAME (PRINT): _____

SIGNATURE: _____



FAMILY CRISIS CENTER OF WALKER, DADE, CATOOSA AND
CHATTOOGA COUNTIES, INC.

BACKGROUND CHECK AUTHORIZATION FORM

Walker, Dade, Catoosa and Chattooga Counties, Inc.

Non-Criminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.



FAMILY CRISIS CENTER OF WALKER, DADE, CATOOSA AND
CHATTOOGA COUNTIES, INC.

STATEMENT OF CONFIDENTIALITY

The State of Georgia mandates privacy and confidentiality when providing shelter services to the community. It is the policy of The Family Crisis Center of WDCC, Inc., that every employee, volunteer and visitor sign a Statement of Confidentiality. Every employee/volunteer/visitor has a fundamental obligation to protect the confidentiality of case records and all personal information of residents.

By signing this agreement, you agree to the following regarding confidentiality:

- Never disclose the location of the shelter
- Never disclose the identity of residents that you may come in contact with at the shelter or The Cottage
- Never discuss residents or their circumstances with anyone outside of the agency
- Never disclose the name or identity of a Family Crisis Center employee to an abuser

O.C.G.A. 19-13-23: Confidentiality of location to a family violence shelter

(a) Any person who knowingly publishes, disseminates or otherwise discloses the location of a family violence shelter is guilty of a misdemeanor.

(b) This Code section shall not apply to:

- i. Confidential communication between a client and his/her attorney
- ii. Instances where the Director of the shelter authorizes such publications, dissemination or disclosure

AGREEMENT OF UNDERSTANDING

I understand that The Family Crisis Center of WDCC, Inc., and I are bound by confidentiality to never disclose the identity of, or disclose case records or personal resident information, to anyone outside of the agency.

I understand that all residents, staff and volunteers have a right to confidentiality.

I understand that information concerning residents may be subject to a subpoena and require authorization of the Director, court and resident prior to release.

I agree to the *above* instructions and pledge my commitment to confidentiality. I understand and will be held personally liable for any breach of confidentiality on my part. I will continue to meet my obligations of confidentiality *even* after I am no longer involved with The Family Crisis Center.

Print Name _____

Date _____

Signature _____

If visiting, please list who you are here to see: _____