



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

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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (  Home  Cell )

Email Address: \_\_\_\_\_

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

Position(s) applied for: \_\_\_\_\_ Date available for start: \_\_\_\_\_

Select one:  Full-Time  Part-Time  Temporary

How did you hear about us?

Advertisement  Employment Agency  Friend  Relative

Other (please list): \_\_\_\_\_

Have you applied with us before?  Yes  No

If yes, give dates: \_\_\_\_\_

Have you been employed with us before?  Yes  No

If yes, give dates: \_\_\_\_\_

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

If yes, state name, relationship and position: \_\_\_\_\_

Can you travel if the job requires it?  Yes  No

## EDUCATION

	Name/Address of School	Course of Study	# of Years Completed	Diploma/Degree Awarded
High School				
Undergraduate College				
College				
Other (Specify)				

## WORK EXPERIENCE

*Start with your present or most recent job. Include any job-related military assignments and volunteer activities.*

Employer (1): \_\_\_\_\_

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: \_\_\_\_\_

Employer (2): \_\_\_\_\_

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: \_\_\_\_\_

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.

## PROFESSIONAL REFERENCES (2)

**Name (1):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Name (2):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

## PERSONAL REFERENCE

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

## CERTIFICATION

I certify that all information contained in this application is true. I understand and agree that any false or misleading statements will render this application void and will be sufficient cause for immediate dismissal in the event of my employment.

I understand that my employment is dependent upon satisfactory completion of a background check, drug screen, and if required for the position, a physical and TB test.

I agree that if I am hired, I will abide by all the rules and regulations of the Family Crisis Center of Walker, Dade, Catoosa and Chattooga Counties, Inc. I understand that I have a right to terminate employment at any time, with or without cause. The Family Crisis Center has the same right.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FEDERAL AND STATE LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR DISABILITY. THE FAMILY CRISIS CENTER OF WALKER, DADE, CATOOSA AND CHATTOOGA COUNTIES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER.



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: \_\_\_\_\_





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

**ABUSE STATEMENT**

I, \_\_\_\_\_, have never been shown by a credible departmental 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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

**PRE/ACTIVE EMPLOYMENT  
SUBSTANCE ABUSE POLICY STATEMENT**

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.
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 employee will not be allowed to drive. If an impaired employee insists on driving while under the influence, law enforcement will be notified.

**9. OPPORTUNITY TO CONTEST OR EXPLAIN TEST RESULTS**

Employees and job applicants who have a positive confirmed test result may explain or contest the result to the company within five (5) working days after the company contacts the employee or job applicant and shows him/her the positive test result as it was received from the lab in writing. Refusal to submit to a drug test constitutes insubordination and will result in termination.

#### 10. CONFIDENTIALITY

The confidentiality of any information received by the company through a substance abuse testing program shall be maintained, except as otherwise provided by law.

#### 11. PRE-EMPLOYMENT DRUG TESTING

All job applicants at this company will undergo testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test result will be denied employment. Applicants will be required to submit voluntarily to a specimen test at a laboratory chosen by this company, and by signing a consent agreement will release this company from liability.

If the physician, Medical Review Officer (MRO), company official, or lab personnel has reasonable suspicion to believe that the job applicant has tampered with the specimen, the applicant will not be considered for employment.

This company will not discriminate against applicants for employment because of a past history of drug abuse. It is the *current* abuse of drugs preventing employees from performing their job properly that this company will not tolerate.

Individuals who have failed a pre-employment test may initiate another inquiry with the company after a period of not shorter than six (6) months, but they must present themselves drug-free as demonstrated by a urinalysis or other specimen test selected by this company.

#### 12. EMPLOYMENT TESTING

This company has adopted testing practices to identify employees who use illegal drugs on or off the job or who abuse alcohol on the job. It shall be a condition of employment for all employees to submit to substance abuse testing under the following circumstances:

A. When there is reasonable suspicion to believe that an employee is using illegal drugs or abusing alcohol. "Reasonable suspicion" is based on a belief that an employee is using or has used drugs or alcohol in violation of the company's policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon, but not limited to, the following:

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 covered in this provision). An employee whose normal faculties are impaired due to the consumption of alcoholic beverages, or whose blood alcohol level tests positive while on duty/company business, shall be guilty of misconduct and shall be subject to discipline up to and including termination. Failure to submit to a required substance abuse test is misconduct and shall be subject to termination.

It is the responsibility of the company's supervisors to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug or alcohol problem. Although it is not the supervisor's job to diagnose personal problems, the supervisor should encourage such employees to seek help and advise them about available resources for getting help. Everyone shares the responsibility for maintaining a safe work environment, and coworkers should encourage anyone who has a drug problem to seek help.

The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive, and drug-free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs and the abuse of alcohol are incompatible with employment at the Family Crisis Center. The Family Crisis Center drug-free workplace program is certified by the Georgia State Board of Workers' Compensation in accordance with Title 34, Chapter 9, Article 11 of the Official Code of Georgia Annotated.

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



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

**PRE/ACTIVE EMPLOYMENT DRUG SCREENING  
TESTING CONSENT AND RELEASE FORM**

I do hereby certify that I have received and read the Family Crisis Center Substance Abuse and Testing Policy.

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 of the results of said tests to the company.

I understand that the current use of illegal drugs would prohibit me from being employed at this company and that failure to comply with future substance abuse test requests if my performance indicates it is necessary, in the case of random testing, or a positive result, may lead to termination of employment, denial of unemployment benefits, and my right to obtain workers' compensation benefits.

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/active 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.

Nothing in this consent form is to be construed as a contract between the parties.

**APPLICANT:**  
NAME (PRINT): \_\_\_\_\_ DATE: \_\_/\_\_/\_\_\_\_  
SIGNATURE: \_\_\_\_\_ S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**WITNESS:**  
NAME (PRINT): \_\_\_\_\_ DATE: \_\_/\_\_/\_\_\_\_  
SIGNATURE: \_\_\_\_\_



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

## BACKGROUND CHECK AUTHORIZATION FORM

### 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-askedquestions>.
- 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.



## Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket.

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

### Authorization

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.

I further agree that a reproduced copy of this 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 I have not been coerced into signing this document by anyone.

#### APPLICANT:

NAME (PRINT): \_\_\_\_\_ DATE: \_\_/\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_

#### WITNESS:

NAME (PRINT): \_\_\_\_\_ DATE: \_\_/\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_





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

**AUTHORIZATION for AMERICAN FAMILY CARE**

The individual named below has applied for employment with our organization. Please conduct the following test(s)/screen(s) and accept this form as **authorization and bill our account for services as described below:**

Candidate Name: \_\_\_\_\_

10-Panel Drug Screen

Physical

TB Test

**It is imperative that once tests are conducted and results are received, they are forwarded to the Executive Director, Family Crisis Center of WDCC, Inc., via email as listed below:**

Rachel Bailey  
rbailey@fccwdcc.org  
Phone: (706) 375-8400

**AUTHORIZED FACILITY:**

American Family Care (AFC) of Fort Oglethorpe  
26 Parkway Drive  
Fort Oglethorpe, GA 30742

Person completing form:

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_