

# CHAPMANS MANAGEMENT COMPANY

**Items needed to process your application should be attached to your application are required PRIOR to employment and providing them does not guarantee employment. Please fill out documents COMPLETELY or your application may be delayed.**

A copy of your High School Diploma/GED or College Degree/Transcript (for everyone with a degree, a SEALED (by the issuing institution) transcript must be provided))

A copy of a valid Driver's License, Social Security Card and a **TB TEST** (the TB Test should be valid within the last six months of application (the TB test can be obtained at the Cumberland County Health Department (**\$10.00** is the approximate cost and tests are not done on Thursdays)).

\*A copy of your car insurance and registration for the car you will use while working.\*

**LOCAL CRIMINAL RECORD CHECK** (cost of approximately \$8) (obtainable at your local County Sheriff's Department. Evidence of a criminal record is not a bar to consideration. Health Care Registry and Sex Offender checks will also be run.

A copy of your valid American Red Cross CPR/First Aid, CORE (Medication Administration, HIPPA, Client Rights, etc.) and NCI Certifications (in the event that you do not have them, the training will be provided incident to hire).

\*Official Driving Record (cost of \$8.00 - form DPPA-1 which you may be able to obtain from a local drivers license office but the official record comes from Raleigh)\*

If you have been a resident of North Carolina for 5 years or less, you will be required to get fingerprint cards made at your local County Sheriff's Department (cost approximately \$12.00)

Drug Testing – (By request; Cost of approximately \$30) Conducted at a place and time to be announced if this is required.

You will be scheduled to meet with Human Resources at Chapmans Management Company, so that your file can be reviewed and completed prior to hire. In completing your application please detail population served, disability of population, length of service with each population and whether population is adult or child.

Three written reference statements/letters which will be verified (see specific instructions on the reference form.

PLEASE TYPE IN ALL  
FIELDS SAVE AND PRINT OR  
EMAIL EXCEPT SIGNATURE

1

**Chapmans Management Company.  
APPLICATION FOR EMPLOYMENT**

ALL APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AT ANY TIME

PLEASE COMPLETE ALL PAGES

DATE: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Number Street City State Zip

How long: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ SSN \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_

How many hours per week can you work: \_\_\_\_\_

**Days/hours available**

Employment desired:  Full Time  Part Time  
 Contactor  Full or Part Time

No Pref: \_\_\_\_\_ Thurs: \_\_\_\_\_  
Mon: \_\_\_\_\_ Fri: \_\_\_\_\_  
Tues: \_\_\_\_\_ Sat: \_\_\_\_\_  
Wed: \_\_\_\_\_ Sun: \_\_\_\_\_

Salary Desired \_\_\_\_\_  
Be specific

What date are you available for work? \_\_\_\_\_

How many hours per week can you work? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

E-mail \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED (dates)	MAJOR AND DEGREE
High School				
College				
Business/Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE TYPE IN ALL  
FIELDS SAVE AND PRINT OR  
EMAIL EXCEPT SIGNATURE**

2

**Chapmans Management Company.  
APPLICATION FOR EMPLOYMENT**

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? \_\_\_\_\_

Drivers License/ID card \_\_\_\_\_ Operator Chauffeur Commercial  
State of Issue Number

Have you had any accidents within the past 3 years? Yes No If so, how many? \_\_\_\_\_

Have you had any moving violations within the past 3 years? Yes No If so, how many? \_\_\_\_\_

Typing Yes No WPM \_\_\_\_\_

Computer Yes No PC Mac

Word Processing Yes No

List of Computer Programs and Proficiency level:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other mental health agency by which you have been or are currently employed:

Position_____	Position_____
Length of time_____	Length of Time_____
Company_____	Company_____
Address_____	Address_____
_____	_____
Phone_____	Phone_____

Have you ever worked for a mental health agency which was required to reimburse CMS for services provided?

No Yes If yes, which agency and program?

Agency \_\_\_\_\_ Program \_\_\_\_\_

For Agency HR Use Only:

PLEASE TYPE IN ALL  
FIELDS SAVE AND PRINT OR  
EMAIL EXCEPT SIGNATURE

**Chapmans Management Company.  
APPLICATION FOR EMPLOYMENT**

3

**Military**

Have you ever been in the Armed Forces?  No  Yes  
 Are you now in the National Guard?  No  Yes

Specialty: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Date Discharged: \_\_\_\_\_

**Work Experience:** Please list your work experience for the past seven years beginning with your most recently held job. If you were self-employed, give company name. Attach additional sheets if necessary. **Do not leave this section blank and give as much detail as possible.**

Name and Address of Employer (include street address city, state, zip code and telephone number)	Last Supervisor	Employment Dates	Pay or salary
		From	Begin
		To	End
	Last job title		
Reason for leaving			

List the jobs you held, duties performed, skills used or learned, advancements or promotions:

Name and Address of Employer (include street address city, state, zip code and telephone number)	Last Supervisor	Employment Dates	Pay or salary
		From	Begin
		To	End
	Last job title		
Reason for leaving			

List the jobs you held, duties performed, skills used or learned, advancements or promotions:

PLEASE TYPE IN ALL  
FIELDS SAVE AND PRINT OR  
EMAIL EXCEPT SIGNATURE

4

**Chapmans Management Company.  
APPLICATION FOR EMPLOYMENT**

**Work Experience:** Please list your work experience for the past seven years beginning with your most recently held job. If you were self-employed, give company name. Attach additional sheets if necessary. **Do not leave this section blank and give as much detail as possible.**

Name and Address of Employer (include street address city, state, zip code and telephone number)	Last Supervisor	Employment Dates	Pay or salary
		From	Begin
		To	End
	Last job title		
Reason for leaving			

List the jobs you held, duties performed, skills used or learned, advancements or promotions:

Name and Address of Employer (include street address city, state, zip code and telephone number)	Last Supervisor	Employment Dates	Pay or salary
		From	Begin
		To	End
	Last job title		
Reason for leaving			

List the jobs you held, duties performed, skills used or learned, advancements or promotions:

**PLEASE TYPE IN ALL  
FIELDS SAVE AND PRINT OR  
EMAIL EXCEPT SIGNATURE**

5

**Chapmans Management Company.  
APPLICATION FOR EMPLOYMENT**

Name and Address of Employer (include street address city, state, zip code and telephone number)	Last Supervisor	Employment Dates	Pay or salary
		From	Begin
		To	End
	Last job title		
	Reason for leaving		

List the jobs you held, duties performed, skills used or learned, advancements or promotions:

**PLEASE READ CAREFULLY**

## **APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Chapmans Management Company. (hereinafter called The Agency), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time nor other Agency practices shall serve to create and actual or implied contract of employment nor to confer any right to remain an employee of Chapmans Management Company. If employed, I understand that the Agency may unilaterally change or revise its benefits, policies and procedures and such changes may include reduction in benefits, policies and procedures and such changes may include reduction in benefits. I also understand that if employed by Chapmans Management Company. and another mental health agency and a conflict of interest arises, this may be grounds for immediate termination of employment.

I authorize investigation of all statement contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without prior notice or contract termination. I hereby give the Agency permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release the Agency from any liability arising from the result of such contact.

I also understand that if at any time I am involved in any infraction and/or violation it is grounds for immediate termination of employment or termination of contract. Continued employment or an extended contractual relationship may be based on (1) passing of job-related examinations, (2) completion of job-related trainings, (3) ability to follow the policies and procedures of Chapmans Management Company and the adherence to the rules and regulations of the State of North Carolina through the NC MHDDAS.

I understand that in connection with the routine processing of my application, the Agency may request information from a consumer reporting agency or any other source regarding my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Agency will provide me with additional information concerning the nature and scope of any such report requested by it as required by the Fair Credit Reporting Act.

I further understand that my employment or contractual relationship with the Agency shall be probationary for a period of six (6) months and that at any time during the probationary period, my employment or contractual relationship with the Agency is terminable at will by the Agency.

This Agency is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Agency depends solely on your qualifications.

---

Signature of Applicant

---

Date

Thank you for completing this application form and for your interest in Chapmans Management Company

# EMERGENCY INFORMATION SHEET

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT THE FOLLOWING PERSON(S):

1<sup>ST</sup> Contact

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Relationship to Employee \_\_\_\_\_

2nd Contact

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Relationship to Employee \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Medical Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## Post Employment Information Form

Person to be notified in case of emergency

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

To Be Completed by Employee

### References

(At least one **MUST BE** a former supervisor or superior you have worked with in the past and who knows about and can verify your work credentials and experience.)

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

# Authorization to Release Information

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_, to release any and all  
Applicant Current/Former Employer

information relating to \_\_\_\_\_ to Chapmans Management Company. I further release and hold harmless both Chapmans Management Company, and my current/former Employer from any all liability that may potentially result from the release and/or

and/or use of such information. I understand that any information released by my current/former Employer to Chapmans Management Company, will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

\*\*\*\*\*

To Whom It May Concern:

The above named individual has applied for employment with Chapmans Management Company, for the position of \_\_\_\_\_ . Please supply the following information concerning his/her employment with you. Any information you provide will be kept confidential.

Thank you.  
Human Resource Department  
Chapmans Management Company.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Hire Date \_\_\_\_\_

Separation Date \_\_\_\_\_

Job Title \_\_\_\_\_

Eligible for rehire \_\_\_\_\_

# Pre-Employment Release Form

I, \_\_\_\_\_, do hereby authorize Chapmans Management Company. to obtain and/or examine pre-employment information including references from previous employers, criminal records on file, education and professional licenses and social security numbers.

I understand that I am waiving my rights to confidentiality regarding this pre-employment information. I also understand that any offer of employment or employment contract is conditional pending eligibility determination based on the criminal background findings. I hereby release Chapmans Management Company. and its employees, officers, agents and affiliates from any and all claims, rights, actions or liability of any kind or nature that may result from information obtained from the above sources.

\_\_\_\_\_  
Signature Date

Name of Applicant \_\_\_\_\_

Current Address \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code

I have been a resident of North Carolina:  less than 5 years  more than 5 years.  
(2 fingerprint cards to SBI) (send request to SBI)

Counties and states lived in for the past 7 years:

County	State
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____