



Employment Application

Position Applying for: _____

Expected Pay: _____

When are you available to start? _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Alternate Number: _____

Email: _____

Are you eligible to work in the U.S.?

☐ YES ☐ NO

Are you 18 years or older?

☐ YES ☐ NO

Have you ever been convicted of, pleaded guilty to, received deferred adjudication, or been on any form of diversion for any criminal offense (misdemeanors and felonies) within the last 5 years?

☐ YES ☐ NO If yes, please explain:

Education: Highest Grade Completed (check one):

Institution: _____

Street Address

City

State

Zip

☐ High School Diploma

☐ GED

☐ Bachelor's

☐ Master's

Certifications: _____

Organizations: _____

Institution: _____

Street Address

City

State

Zip

☐ High School Diploma

☐ GED

☐ Bachelor's

☐ Master's



910-277-3355



info@pim-nc.org



www.pim-nc.org



Certifications:_____

Organizations:_____

Institution:_____

Street Address

City

State

Zip

☐ High School Diploma

☐ GED

☐ Bachelor's

☐ Master's

Certifications:_____

Organizations:_____

Relevant Work Experience:

Employer:_____ Position Title:_____

Address:_____ City, State, Zip:_____

Supervisor:_____ Email:_____

May we contact? ☐ YES ☐ NO Phone Number:_____

From/To:_____ Salary:_____

Responsibilities:_____

Reason for Leaving:_____

Employer:_____ Position Title:_____

Address:_____ City, State, Zip:_____

Supervisor:_____ Email:_____

May we contact? ☐ YES ☐ NO Phone Number:_____

From/To:_____ Salary:_____

Responsibilities:_____

Reason for Leaving:_____

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Employer: _____ Position Title: _____

Address: _____ City, State, Zip: _____

Supervisor: _____ Email: _____

May we contact? ☐ YES ☐ NO Phone Number: _____

From/To: _____ Salary: _____

Responsibilities: _____

Reason for Leaving: _____

Professional References: (include Name, Title, Phone)

I certify that all information provided in this application is accurate and complete. I understand that giving false information may result in not being hired or could lead to immediate termination of employment if I am hired. I authorize the verification of any or all information provided above.

Applicant's Signature

Date



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NOTIFICATION AND AUTHORIZATION TO RELEASE CRIMINAL INFORMATION FOR EMPLOYMENT PURPOSES

Notification

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This background check will include the following: searches for felony and misdemeanor convictions at both the county and federal levels in every jurisdiction where I currently reside, as well as in all jurisdictions where I have lived during the past seven years. Additionally, it will include sex offender registry searches at the county and federal levels in all of these jurisdictions.

_____ INITIAL

Authorization

I hereby authorize PARTNERS IN MINISTRY to conduct the criminal background check as described above. I also authorize the use of law enforcement agencies and/or private background check organizations to assist PARTNERS IN MINISTRY in collecting this information. Validity Screening Solutions has been secured as a third-party vendor (consumer reporting agency) to help in this process.

I understand that records of arrests on pending charges and/or convictions do not automatically disqualify me from employment. This information will be used to evaluate whether the findings of the background check reasonably relate to my trustworthiness and my ability to perform my duties safely for the students, employees, and other members of the PARTNERS IN MINISTRY community.

_____ INITIAL

Position(s) Applied for: _____

Full Legal Name (please print): _____
First Middle Last

Other Names Used in Past Seven (7) Years: _____

Current Address: _____

Previous Address (most recent): _____

Addresses in Prior Seven (7) Years: _____



Phone Number:_____

Alternate Number:_____

Date of Birth:_____

Gender: [] Female [] Male

Social Security Number:_____

Driver's License #:_____

Issued State:_____

Have you ever been convicted of a criminal offense, or do you have any pending criminal charges against you? This applies only to felonies and misdemeanors; non-criminal traffic violations or municipal ordinance violations are not included.

_____Yes _____No

If yes, please explain:_____

To the best of my knowledge, the information provided in this Notice and Authorization, along with any attachments, is accurate and complete. I understand that any falsification or omission of information may disqualify me for this position and could serve as grounds for termination of my employment with Partners In Ministry.

By signing below, I authorize Partners In Ministry to conduct a criminal background check, and I acknowledge that I have received a summary of my rights under the Fair Credit Reporting Act, which is attached. Additionally, I understand that I have the right to appeal any adverse employment decision made by Partners In Ministry based on my background check information within three business days of receiving such notice. A determination on my appeal will be made within seven working days of Partners In Ministry's receipt of the appeal.

Signature:_____

Date:_____



WAIVER AND CONSENT FORM

I hereby give consent to Partners In Ministry (PIM) to take and use images (photographs or videotapes) and/or sound recordings of myself and/or the minor patient or person named below, for whom I am providing consent. I also authorize PIM to disclose confidential patient information about me and/or the minor patient or person in any public media, including radio, television, the internet, or print, as well as in PIM publications.

I understand that the intended use of such images and confidential information is for advertising, marketing, fundraising, or promotional purposes for Partners In Ministry (PIM). I acknowledge that PIM cannot be held liable for any injuries or illnesses I may suffer while performing volunteer work or while using equipment or facilities on PIM property. I expressly waive any claims for compensation or liability against Partners In Ministry, including its owners, for any project, program, or activity.

I hereby release and discharge Partners In Ministry (PIM), including all corporate affiliates, officers, directors, trustees, employees, medical staff, and agents, from any and all claims, liabilities, actions, suits, demands, costs, expenses, or debts arising out of or related to the use of images or the disclosure of the information described herein. I waive all rights and interests in such images and materials.

I acknowledge that this consent and authorization for the release of confidential information is granted solely for the benefit of Partners In Ministry (PIM) and without any expectation of compensation or other benefit to myself, the minor patient, or their family. To the extent that any benefit might accrue to Partners In Ministry (PIM) from the use of images or disclosure of information, I hereby waive any claim or interest in such benefits.

Consenting Individual/Minor's Name (print)

Date

Consenting Individual/Minor's Signature

Parent/Guardian's Name (print)

Date

Parent/Guardian's Signature