



1415 SHELTON AVENUE
STATESVILLE, NC 28687-7049
(Equal Opportunity/Affirmative Action Employer/Program)

Telephone (704) 872-8141

FAX (704) 871-1299

Today's Date _____

Position Applied For (limit one per application) _____ In County(s) of _____

Name _____ Telephone _____
First Middle Initial Last

Email Address: _____

Address _____
Street No. /PO Box County City State/Zip Code

Did you: Graduate from High School? Yes No Receive GED? Yes No

Name/Address of school attended _____

Do you have a Degree(s)? Yes No If yes, type of Degree & Field of study _____

Name/Address of College/University _____

Do you have any certificates, special skills or have you taken any special courses that qualify you for this job? Yes No

Please list _____

Do you have any computer skill(s)? Yes No Indicate _____

Have you ever pled guilty or "no contest" to, or been convicted of a criminal offense? Yes No

Have you been arrested for any matters for which you are currently out on bail or on your own recognizance pending trial? Yes No

(NOTE: Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Do not include minor traffic violations or arrests or convictions which have been sealed or expunged, or for which you have been found not guilty, in answering these questions.

If you answered yes to any of the preceding questions, please give dates and details:

Are you related by blood or marriage to anyone currently employed by I-CARE, Inc.? Yes No

If yes, please give name and department employed by _____

Are you a former Head Start/Early Head Start parent? Yes No

Are you at least 18 years old? Yes No Current NC Driver's License? Yes No DL# _____

How did you hear about this position? (Advertisement, Employee, Relative, Private Employment Agency, Walk In, Other) _____



EMPLOYMENT HISTORY:

1. Previous Employer _____

Name	City/State	Telephone #
Name of Supervisor _____	May we contact this employer for references? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Employment: _____	Starting Salary \$ _____	Date Separated: _____
Number of Hours Worked per week _____	Specific Duties _____	

2. Previous Employer _____

Name	City/State	Telephone #
Name of Supervisor _____	May we contact this employer for references? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Employment: _____	Starting Salary \$ _____	Date Separated: _____
Number of Hours Worked per week _____	Specific Duties _____	

3. Previous Employer _____

Name	City/State	Telephone #
Name of Supervisor _____	May we contact this employer for references? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Employment: _____	Starting Salary \$ _____	Date Separated: _____
Number of Hours Worked per week _____	Specific Duties _____	

CERTIFICATION OF APPLICANT

I HEREBY CERTIFY THAT ALL ANSWERS AND STATEMENTS ON THIS APPLICATION ARE TRUE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION ON THIS DOCUMENT IS GROUNDS FOR IMMEDIATE DISMISSAL. I UNDERSTAND THAT, IF CONSIDERED FOR EMPLOYMENT, I MAY BE REQUIRED TO HAVE A PHYSICAL EXAMINATION, A DRUG SCREENING TEST AND BE REQUIRED TO COMPLETE A CRIMINAL BACKGROUND CHECK, AS WELL AS CERTAIN OTHER REQUIREMENTS AS MAY BE MANDATED BY THE JOB APPLIED FOR. I FURTHER UNDERSTAND THAT FAILURE TO DO SO COULD RESULT IN IMMEDIATE DISMISSAL. FURTHERMORE, I HEREBY GIVE PERMISSION FOR I-CARE, INC. TO DO ANY BACKGROUND CHECKS DEEMED NECESSARY. ANY EMPLOYMENT OFFERED WILL REMAIN IN TEMPORARY STATUS UNTIL ALL BACKGROUND CHECKS ARE VERIFIED AND APPROVED BY THE RELEVANT SOURCES.

I-CARE, INC. PROHIBITS DISCRIMINATION IN EMPLOYMENT ON BASIS OF RACE, SEX, COLOR, RELIGION OR NATIONAL ORIGIN.

Applicant's Signature: _____ Date: _____



REFERENCE RELEASE

(Note: Employment is contingent upon receipt of satisfactory references)

I, _____, consent and authorize I-CARE, Inc. to verify and contact the references indicated below. I consent to and authorize the named individual or former employer, and its agents and employees, to furnish any reference information concerning me, as may be requested by I-CARE, Inc. I also hereby release the individual or former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage or negligence, I have or may have which arises or results from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's Signature: _____ Date: _____

REFERENCES (Should have at least one employment reference)

1. Name _____ Telephone # _____ /Fax _____

Email Address _____

Address _____
Street No. /PO Box _____ City _____ State/Zip Code _____

Personal Reference Employment Reference When would be a good time for us to contact them? _____

2. Name _____ Telephone # _____ /Fax _____

Email Address _____

Address _____
Street No. /PO Box _____ City _____ State/Zip Code _____

Personal Reference Employment Reference When would be a good time for us to contact them? _____

3. Name _____ Telephone # _____ /Fax _____

Email Address _____

Address _____
Street No. /PO Box _____ City _____ State/Zip Code _____

Personal Reference Employment Reference When would be a good time for us to contact them? _____

PLEASE CHECK BELOW

- I am interested in a Substitute position
- I am not interested in a Substitute position

Qualifications:

Minimum: High School Diploma (or equivalent), substitute training (to be provided), able to complete North Carolina Health and Safety Training requirements and willing to complete volunteer hours in the Head Start classroom. Valid NC driver's license and reliable transportation.

Preferred: Some childcare experience.

This position is part time, must be able to work at different locations as needed, compensation is \$9.00 per hour.



**APPLICATION MUST BE TURNED INTO MAIN OFFICE AT 1415 SHELTON AVENUE
or MAILED TO PO BOX 7049, STATESVILLE, NC 28687-7049**

**PLEASE READ THE FOLLOWING STATEMENTS BEFORE COMPLETING THE
APPLICATION**

1. There is no guarantee of a job offer or job interview in completing the application for employment. Your application will be considered with other applicants who have submitted applications and decisions about interviews will be based on this comparison.
2. Applicants considered for a job interview will be contacted via telephone. **It is imperative that the applicant have a current telephone number indicated on the application.**
3. The application must be **completely** filled out in order for it to be considered for employment, even if a resume is attached.
4. Be sure to indicate what position you are applying for. Putting **“any available”** is unacceptable. Any application that has this listed will be considered incomplete and **will not be considered for employment.**
5. If any information is found to be false or misleading on the application, the application will be discarded and not considered for any position.
6. This application will remain active for one (1) year.
7. Due to the large number of applications received and the competitive nature of our employment process, specific reasons for employment decisions will not be released.
8. Applicants who are interviewed for a position will be notified as to whether or not they were chosen for the position. **Otherwise, applicants will not receive correspondence from this office.**
9. All employees of I-CARE, Inc. are subject to a criminal background check, drug screenings, physicals and other requirements as may be mandated by the Agency and/or its funding sources.
10. This application is solely used for the purpose of potential employment within this Agency.

I have read the above statements and fully understand them.

Applicant's Signature _____ Date ____/____/____