

Destiny Management, Inc.

109 Oakland Avenue - P.O. Box 537 - Morganton, NC 28655

Telephone (828) 391-8282 - Fax (828) 391-8288

An Equal Opportunity Organization

Destiny Management Incorporated does not discriminate in the terms, conditions, or privileges of employment on account of race, color, religion, national origin, sex, age, veteran status, physical or mental disability/handicapping condition, sexual orientation, political affiliation, or otherwise as may be prohibited by federal and state law.

Application for Employment

Application Date: _____

Please note: Applicants must complete the following information entirely, **even** if attaching a resume.

Position Applying For: _____ Location: _____

Personal Information					
Last Name		First Name		Middle/Maiden	
Present Address		County	City, State		ZIP
Home Telephone # ()		Business Telephone # ()		Cell Telephone # ()	
Best Time to Reach You		Person We May Contact If You Are Unavailable (Include Telephone #)			
If hired, when can you begin employment with Destiny Management?				Are you at least 18 years old? ☐ Yes ☐ No	
Do you have relatives presently working for Destiny Management? ☐ Yes ☐ No If yes, give location and relationship:					
Are you legally entitled to work in the United States? ☐ Yes ☐ No					
Have you ever been convicted of a criminal offense (other than minor traffic violation)? A conviction does not automatically negate employment. ☐ Yes ☐ No If yes, please explain (attach additional sheet, if necessary):					
Have you lived outside of North Carolina for any period of time in the last five years? ☐ Yes ☐ No If yes, list the full address of each location: _____ _____ _____					

Conditions of Employment

I certify that the responses entered by me on this employment application are true and complete. I understand that any misleading or incorrect statements may render this application void. I agree the company is not liable in any respect if any employment is terminated because of false statements, answers, or omissions made by me in the application.

I also understand that, if accepted for employment, I shall be required to provide proof of identity and eligibility (Social Security Card or copy of Birth Certificate and current N. C. Driver's License/Picture Identification) to work in the United States as a condition of employment. In connection with this application, I authorize all corporations, companies, credit agencies, education institutions, licensing agencies persons, law enforcement agencies, military services, and former employers to release information that they may have about me to **Destiny Management** or its agents and release them from any liability for doing so. I understand that criminal/abuse/neglect checks will be performed by **Destiny Management** concerning information contained on this application and that any offer of employment and continued employment is contingent upon receipt of satisfactory clearance. Additionally, a pre-employment drug test must be completed. Employment is contingent upon receipt of satisfactory clearance.

I understand that proof of current vehicle insurance coverage must be provided upon employment. Verification of completion of at least high school education or GED (copy of diploma, signed statement from school official, high school transcripts, college degree,* etc.) must also be presented upon employment. *For QP applicants, an official copy of college transcripts is required.

I declare that I am not a pedophile or child molester and that I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child or adult nor have I ever been convicted of any of these acts.

I also declare that I have not been convicted of drug charges and am not a user of illegal drugs.

I understand that if employed, I have been hired at the will of my employer and that my employment may be terminated at any time, with or without cause and with or without notice.

I also understand that, if employed, I must comply with all corporate rules and regulations.

Applicant's Signature: _____ Date: _____ (Application invalid unless signed)

Record of Employment

Destiny Management, Inc. will confirm dates of employment, positions held, and reasons for leaving with prior employers. Explain ALL gaps in employment and other information relevant to eligibility, qualifications, and suitability with prior employers in the "Additional Information" section.

1. Name of present or last employer and address (include city and state)			Full Time? ☐ Yes ☐ No Part Time? ☐ Yes ☐ No	
Type of Business	Name of Supervisor	Telephone # ()	Start Date	End Date
Your Job Title			Starting Pay	Ending Pay
Reason for Leaving				
Description of work and responsibilities (attach additional sheets, if necessary):				

2. Name of last employer and address (include city and state)			Full Time? ☐ Yes ☐ No Part Time? ☐ Yes ☐ No	
Type of Business	Name of Supervisor	Telephone # ()	Start Date	End Date
Your Job Title			Starting Pay	Ending Pay
Reason for Leaving				
Description of work and responsibilities (attach additional sheets, if necessary):				

3. Name of last employer and address (include city and state)			Full Time? ☐ Yes ☐ No Part Time? ☐ Yes ☐ No	
Type of Business	Name of Supervisor	Telephone # ()	Start Date	End Date
Your Job Title			Starting Pay	Ending Pay
Reason for Leaving				
Description of work and responsibilities (attach additional sheets, if necessary):				

Unemployment Record

Account for all periods of unemployment and extended illness/disability of four (4) weeks duration or more for the last five (5) years or since you left school.

Start Date	End Date	State What You Were Doing

References (3 Personal References)

Please list persons who are not related to you and who have a definite knowledge of your work. Do not repeat the names of supervisors listed in the Employment Record of this application.

Name	Occupation	Address (City, State)	Telephone #
1.			
2.			
3.			

Education and Training

School	Name and Location	Major Course of Study	Completed	If Graduated, Give Year	Type of Degree
High School or GED			1 2 3 4		
Business or Technical School			1 2 3 4		
College			1 2 3 4		
Graduate School			1 2 3 4		

Other additional human services training you received that relates to the position for which you are applying (courses/seminars):

Certificates

Training Completed (Certifications Currently Valid)

First Aid? ☐ Yes ☐ No Expires: _____
CPR? ☐ Yes ☐ No Expires: _____
NCI? ☐ Yes ☐ No Expires: _____
N.C. SNAP ☐ Yes ☐ No Expires: _____

Other Certifications:

Driver's License #, State Issued, and Date of Expiration: _____

Human Services

Are you willing to work with individuals who may display challenging behavior?	☐ Yes ☐ No
Are you able to provide physical assistance to individuals as needed?	☐ Yes ☐ No
Are you able to bend, kneel, lift (up to 25 lbs.), stoop, stand, and/or sit for long periods of time, work in a community environment, handle wheelchair requirements (if needed), with or without reasonable accommodation?	☐ Yes ☐ No

Additional Information

On the back of this page, please provide any additional information, which more fully describes your qualifications, skills, experience, education background, and interests. **Please include volunteer activities and community service activities such as those performed with a church, hospital etc....**