

**I-CARE, INC.**  
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

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 No  
Date of Employment: / / Starting Salary \$ \_\_\_\_\_ Date Separated: / / Last Salary \$ \_\_\_\_\_  
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 No  
Date of Employment: / / Starting Salary \$ \_\_\_\_\_ Date Separated: / / Last Salary \$ \_\_\_\_\_  
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 No  
Date of Employment: / / Starting Salary \$ \_\_\_\_\_ Date Separated: / / Last Salary \$ \_\_\_\_\_  
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 \_\_\_\_\_

Address \_\_\_\_\_  
Street No. /PO Box \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Personal or Employment Reference? (circle one) When would be a good time for us to contact them? \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone # \_\_\_\_\_ /Fax \_\_\_\_\_

Address \_\_\_\_\_  
Street No. /PO Box \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Personal or Employment Reference? (circle one) When would be a good time for us to contact them? \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone # \_\_\_\_\_ /Fax \_\_\_\_\_

Address \_\_\_\_\_  
Street No. /PO Box \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Personal or Employment Reference? (circle one) When would be a good time for us to contact them? \_\_\_\_\_



## I-CARE, INC.

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

