**ALPHA MANAGEMENT**
**2 CONSULTANT PLACE**
**DURHAM, NC 27707**
**PHONE (919) 419-0043**
**FAX (919) 489-4372**

# Employment Application

**ALL APPLICANTS MAY BE SUBJECT TO DRUG TESTING**

## APPLICANT INFORMATION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Last Name | | First | | M.I. | Date | | |
| Street Address | | | | Apartment/Unit # | | | |
| City | | State | | ZIP | | | |
| Phone | | E-mail Address | | | | | |
| Date Available | | | | Desired Salary (Be specific) | | | |
| Position Applied for | | | | | | | |
| Are you a citizen of the United States? | YES ☐ | NO ☐ | If no, are you authorized to work in the U.S.? | YES ☐ | NO ☐ | | |
| Have you ever worked for this company? | YES ☐ | NO ☐ | If so, when? | | | | |

Check which applies: Full-Time only ☐ Part-Time only ☐ Full or Part-Time ☐

Have you ever been convicted of any crimes? YES ☐ NO ☐
If so, explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) occurred, the sentence (s) imposed, and type of rehabilitation. Please feel free to provide your answers on the back of this page and/or attach additional sheets if necessary.

Have you had any allegations of abuse, neglect, or exploitation? YES ☐ NO ☐

Have you lived outside of North Carolina in the past five (5) years? YES ☐ NO ☐
If so where and what years were you there? _____

## EDUCATION

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| High School | | | | Address | | | | |
| From | | To | | Did you graduate? | YES ☐ | NO ☐ | Degree | |
| College | | | | Address | | | | |
| From | | To | | Did you graduate? | YES ☐ | NO ☐ | Degree | |
| Other | | | | Address | | | | |
| From | | To | | Did you graduate? | YES ☐ | NO ☐ | Degree | |

| **REFERENCES** | | | |
|---|---|---|---|
| *Please list three professional references.* | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |

| **PREVIOUS EMPLOYMENT**<br>Please list your work experience for the past five years beginning with your most recent job held.<br>If you were self-employed, provide the company/firm name. **You may attach additional sheets if necessary**. | | | |
|---|---|---|---|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary $ | Ending Salary $ | |
| Responsibilities | | | |
| From To | Reason for Leaving | | |
| May we contact your previous supervisor for a reference? YES ☐ NO ☐ | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary $ | Ending Salary $ | |
| Responsibilities | | | |
| From To | Reason for Leaving | | |
| May we contact your previous supervisor for a reference? YES ☐ NO ☐ | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary $ | Ending Salary $ | |
| Responsibilities | | | |
| From To | Reason for Leaving | | |
| May we contact your previous supervisor for a reference? YES ☐ NO ☐ | | | |

| MILITARY SERVICE | |
|---|---|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

Did you complete this application yourself? YES ☐ NO ☐
If not, list the name of the person or representative that did? _____

**APPLICATION FORM WAIVER**
PLEASE READ CAREFULLY

In exchange for the consideration of my employment application by Alpha Management (hereinafter called "the Company"), 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, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

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

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency and investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, 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.

| Signature | Date |
|---|---|

This Company 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 Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

**All persons applying for positions with Alpha Management must complete the following:**

In a brief paragraph, tell us a little about yourself and why you are interested in the position you are applying for:

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Applicant Signature:_____




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# CONSUMER NOTIFICATION – CONSUMER REPORTS

You are hereby notified that a consumer report or an investigative consumer report may be obtained from a consumer reporting agency, other agencies, or directly by this employer for the purpose of evaluating you for employment (including contract services), promotion, reassignment or retention as an employee.

The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living form public, private record sources, or through personal interviews with your neighbors, friends, associates, or educational facility.

Please note that if you have lived outside of North Carolina within the previous 5 years there are additional background steps in the hiring process. Applicants are required to complete a Criminal Records Check Identifying Form and obtain Fingerprints. The Identifying Form and **Fingerprints** are required and used for an **SBI Background check**. There is a $38.00 fee included in this process required before your first day of work unless otherwise specified.

I understand and acknowledge the above information was relayed to me.

Signature Date

Alpha Management Representative Date




# CONSUMER REPORTS RELEASE

In connection with my application for employment (including contract for services), I understand that a consumer report or investigative consumer report which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State, Local governments and other agencies which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by this employ to furnish the above mentioned information.

I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files pertaining to me at the time of my request.

I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

Printed Name:

Street Address

City: State: Zip Code:

Years at current residence: Social Security Number:

Previous Address:

City: State: Zip Code:

Drivers License Number: State Issued:

For Identification purposes only:

Date of Birth: Month Date Year Race: Gender

Alias or former names:

Professional Licensures State: Type: Number:

**Signature** **Date**