

ALPHA MANAGEMENT SERVICES, INC
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 <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Check which applies: Full-Time only <input type="checkbox"/> Part-Time only <input type="checkbox"/> Full or Part-Time <input type="checkbox"/>									
<p>Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>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.</p>									
Have you had any allegations of abuse, neglect, or exploitation? YES <input type="checkbox"/> NO <input type="checkbox"/>									
Have you lived outside of North Carolina in the past five (5) years? YES <input type="checkbox"/> NO <input type="checkbox"/>									
EDUCATION									
High School			Address						
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address						
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

PREVIOUS EMPLOYMENT

Please list your work experience for the past five years beginning with your most recent job held.
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 <input type="checkbox"/>		NO <input type="checkbox"/>	
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 <input type="checkbox"/>		NO <input type="checkbox"/>	
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 <input type="checkbox"/>		NO <input type="checkbox"/>	

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 Services, Inc. (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 Services, Inc 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:

Applicant Signature: _____

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 from 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

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

Birth: _____

Race: _____

Gender _____

Alias or former names: _____

Professional _____

Licensures _____

State: _____

Type: _____

Number: _____

Signature _____

Date _____