



**THANK YOU FOR YOUR INTEREST IN
EMPLOYMENT WITH ALPHA MANAGEMENT
SERVICES, INC.**

**ALL ALPHA MANAGEMENT SERVICES
EMPLOYEES MUST:**

- **BE 18 YEARS OR OLDER**
- **HAVE VALID DRIVERS LICENSE**
- **COMPLETE WRITING SAMPLE**
- **HAVE HIGH SCHOOL DIPLOMA OR GED**
- **ESTABLISH A BANKING ACCOUNT**
- **HAVE 1 YEAR HUMAN SERVICE EXPERIENCE**
- **HAVE CAR TO USE FOR WORK**
- **HAVE CURRENT INSURANCE**
- **HAVE ACCEPTABLE DRIVING RECORD**



**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

2 Consultant Place
Durham, NC 27707
Phone: (919) 419-0043 Fax: (919) 489-4372



APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific)

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

HAVE YOU HAD ANY ALLEGATIONS REGARDING ABUSE, NEGLECT, OR EXPLOITATION? No Yes

If yes, please explain fully on the back of this page.

HAVE YOU LIVED OUTSIDE OF NORTH CAROLINA IN THE PAST FIVE (5) YEARS? No Yes



PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience beginning with your most recent job held.
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your Last Job Title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.



**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

Work experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job 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.

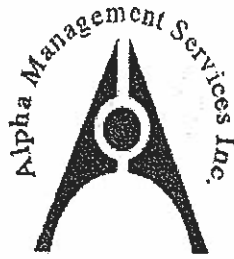
I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing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

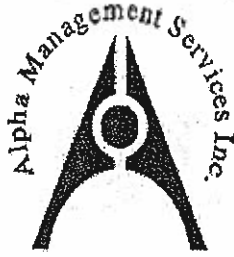
Thank you for completing this application form and for your interest in our business.



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.

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 understand that if I have lived outside of North Carolina within the last five (5) years, a national background check must be performed by the North Carolina State Bureau of Investigation from my fingerprints. I understand that the fee for this background check is \$38.00, and is paid by me, the applicant, by cash, money order, or as a deduction from my paycheck, if hired. If I choose not to pay by cash or money order, upon submission of my fingerprints to Alpha Management Services, Inc., I hereby authorize Alpha Management Services to deduct \$38.00 from my paycheck to pay the required fee. I understand that this fee is non-refundable.

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 _____ Day _____ Year _____ Race _____ Gender _____

Alias or former names: _____

Professional License: State: _____ Type: _____ Number: _____

Signature

Date