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NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES DIVISION OF SOCIAL SERVICES

: *	APPLICATION FOR SUPERVISOR-IN-CHARGE				
[] HO	ME FOR THE AGED [] FA	MILY CARE HO	IME [] [DDA HOME	
NAME OF HOME			Phon	IE	
,	City			County	
				IE	
ADDRESS		· · · · ·			
county department of s county board of social EDUCATION	an official or employee ocial services or a membe services, or of any boar sted: 1 2 3 4 5 6 7 8 9 10 11 1	er of the Soc rd of county	cial Service	s Commission.	of anv
Schools	Name and Location		Dates Attende	d	Grad?
High School/GED	•			Yes 	
College(s)			· · · · · · · · · · · · · · · · · · ·	Yes	
University(s)			ан 1919 - Ал	No .	
Alternative Examination Supervisor-in-Charge				Yes	
		[No	 -
Other educational vocational school		1	• .	Yes	 -
internships, etc.	<u> </u>	I		No	

LIST THOSE MEMBERS OF YOUR FAMILY WHO WILL BE LIVING IN THE LICENSED HOME.

Employer:	Address:	· · · · ·	
Job Title:	Supervisor's name:		No. Supervised by you:
Date Employed (mo/yr)	Date Separated (mo/yr)	Reason	for Leaving
Dutles:			<u></u>

Employer:	Address:	Address:			
Job Title:	Supervisor's name	: No. Supervised by you:			
Date Employed (mo/yr)	Date Separated (mo/yr)	Reason for Leaving			
Duties: .	· · · · · · · · · · · · · · · · · · ·				

Employer:		Address:		
Job Title:		Supervisor's name:		No. Supervised by you:
Date Employed (mo/yr)	Date	Separated (mo/yr)	- 1	for Leaving
Duties:	· I			
			- · · · · · · · · · · · · · · · · · · ·	

Have you ever been convicted of any criminal or driving offense(s) other than a minor traffic violation? [] Yes [] No If yes, written documentation must be provided about criminal offenses from the clerk of court in the county in which the conviction was made, and about any driving offenses other than minor traffic violations from the motor vehicles office.

You must provide at least three current reference letters and/or the name of individuals with whom a reference interview can be conducted. Please give the full name, mailing address, and phone number of three references who have knowledge of your background and qualifications related to the field of adult care.

1.		
2.	 	

I agree to carry out the designated responsibilities under the supervision of the administrator of this facility to the best of my ability.

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize investigation of statements made in this application and understand that false information may be grounds for denial of my application and/or dismissal if I am employed.

Signature of Applicant

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