



**CHURCH OF GOD CHILDREN'S HOME**  
OF NORTH CAROLINA

704-788-1164      Home@cogch.org  
3485 Weatherby Cir. Concord, NC, 28027

# Employment Packet



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**CHURCH OF GOD CHILDREN'S HOME**  
OF NORTH CAROLINA

3485 Weatherby Cir. Concord, North Carolina, 28027

Phone: 704-788-1164 Fax: 704-788-3722

## Employment Application

To Applicant: We appreciate your interest in the Church of God Children's Home of North Carolina (COGCH). This application will help us learn more about you and your qualifications for open positions. It is important for you to fully and accurately complete this application form and indicate the position(s) for which you wish to be considered. **Criminal background checks and drug screening must be completed before an applicant is employed.**

Position(s) applying for: \_\_\_\_\_ Date Applied: \_\_\_\_\_

If considered for employment, on what day will you be available to start? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Have you ever used another name?  Yes  No If Yes, list all names by which you have been known: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Can you present evidence of citizenship or proof of your legal right to work in the U. S.?  Yes  No

Legal resident of what state? \_\_\_\_\_ How long at current address? Years: \_\_\_\_\_  
Months: \_\_\_\_\_

Have you ever been asked to resign from a job?  Yes  No If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever applied to or worked for the COGCH before?  Yes  No If Yes, when? \_\_\_\_\_

Do you have any friends or relatives working at the COGCH?  Yes  No If yes, state name(s) and relationship(s) \_\_\_\_\_  
\_\_\_\_\_

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, sex, national origin or handicap. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status, or physical or mental handicap or disability. If you choose not to answer any question in this section, your failure to answer will in no way disqualify you or jeopardize your consideration for employment.

Marital Status: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Do you have any dependents living with you?  Yes  No

Do you have any physical/mental conditions which may limit your ability to perform the job for which you are applying?  Yes  No If Yes, Explain: \_\_\_\_\_

### Education, Training, and Experience

<u>Name and Address</u>	<u>Years completed</u>	<u>Degree/Diploma</u>	<u>Did you graduate?</u>
High School _____	_____	_____	_____
College/University _____	_____	_____	_____
Vocational/Business _____	_____	_____	_____

Do you speak/write a language other than English?  Yes  No

If yes, what language \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at the COGCH?  Yes  No

Explain: \_\_\_\_\_

Please describe your skills in detail: \_\_\_\_\_

List any computer programs with which you are familiar: \_\_\_\_\_

### Personal References

(Provide information for three people to whom you are not related and have not worked for.)

Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

.....  
Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

.....  
Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

**Previous Employment**  
(Begin with present/most recent)

Name and address of company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

Position/Describe duties \_\_\_\_\_

Salary (Start) \_\_\_\_\_ (End) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact employer?  Yes  No

.....

Name and address of company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

Position/Describe duties \_\_\_\_\_

Salary (Start) \_\_\_\_\_ (End) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact employer?  Yes  No

.....

Name and address of company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

Position/Describe duties \_\_\_\_\_

Salary (Start) \_\_\_\_\_ (End) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact Employer?  Yes  No



The COGCH is a religious nonprofit corporation owned and operated by the Church of God of North Carolina, which is a Pentecostal Organization. We believe that the whole Bible is completely and equally inspired and that it is the written Word of God, that there is one God eternally existing in three persons (namely, the Father, Son, and Holy Ghost), and that all have sinned and come short of the glory of God and that repentance is commanded of God for all and necessary for forgiveness of sins. We require our children to attend church and our house parents to lead cottage devotions.

Consistent with the Church of God's doctrinal and practical commitments, the COGCH requires its staff and volunteers to refrain from illegal drug use, abuse of addictive substances (including but not limited to alcohol and tobacco), to employ modesty in their personal presentation, and to adhere to the Biblical view of marriage and sexual expression.

Are you a Christian?  Yes  No Church affiliation \_\_\_\_\_

Are you willing to provide spiritual guidance through devotions and example?  Yes  No

**Have you ever, under your name or another name, been convicted of (or pleaded guilty or nolo contendere) to a Felony or Misdemeanor?**  Yes  No

(Do not identify convictions for which the criminal record has been expunged, sealed or eradicated by the court, or, misdemeanor convictions for which any probation has been completed and the case dismissed by the court.)

If yes, explain each conviction fully; when, where and of what you were convicted and disposition of the case(s) \_\_\_\_\_

(NOTE: No applicant will be denied employment solely on the grounds that they have been charged, committed or been convicted [or pleaded guilty or nolo contendere] of a criminal offense; or, solely on an affirmative answer above. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for will be considered.)

(NOTE: Prior to employment, the COGCH will conduct a criminal background check.)

**Have you ever been substantiated for child abuse and/or neglect or disabled abuse and/or neglect?**

Yes  No If yes, further details may be required by the COGCH.

### **Please Read Carefully and Sign Below**

By my signature, I promise that I personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date.

Further, my signature authorizes the Church of God Children's Home of North Carolina to make such investigations and inquiries of my personal, employment, educational, financial or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

I agree to abide by the rules and regulations of the Church of God Children's Home, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company.

Although management makes every effort to accommodate individual preferences, business needs may at time make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.

**I have read and understand the above. Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CHURCH OF GOD CHILDREN'S**  
**HOME APPLICATION ADDENDUM**

I \_\_\_\_\_ as a Direct Care staff have no criminal convictions that will adversely effect my capacity and ability to provide care, safety and security for children in residence of Church of God Children's Home.

The Church of God Children's Home has reserved the right to question the applicants record for criminal activities, i.e., whether the applicant has ever been convicted of either a Felony or Misdemeanor in any State or Federal court

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Signature of Applicant

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Date



## Church of God Children's Home of NC Finger Printing

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It is required that all potential employees must be fingerprinted and a clean background check.

You must contact your county's sheriff department and schedule a time to get fingerprinted. Depending on your county you may or may not need to schedule an appointment in order to get finger printed, some counties do allow for walk ins.

When prompted for "Reason for Requesting Fingerprinting", please choose "22 Fed Day Care - Public Law 101-647".

You **MUST** Contact Cynthia Phillips, Secretary/Treasurer, at the Church of God Children's Home at 704-788-1164 once you have a finger print appointment so your name can be entered into the computer system. This process must be done at least 2 days before the appointment.

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Employer and Address:

Church of God Children's Home of NC  
3485 Orphanage Circle, Concord, NC 28027

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Reason Fingerprinted:

(RFP 179) FAMILY FIRST -  
CHILD CARE - STATE AND FED  
NCGS 108A-133

Race: \_\_\_\_\_

(write the appropriate letter in the space provided)

W - White, B - Black, I - American Indian,  
A - Asian or Pacific Islander, U - Unknown

Social Security Number: \_\_\_\_\_  
(\*Optional)

Agency Case #: **FFPSA0490**

Height: \_\_\_\_\_

Type of Transaction:       NFUF      

Weight: \_\_\_\_\_

NC FP Card Type:       OTH      

Eye Color: \_\_\_\_\_

(write the appropriate letters in the space provided)

BLK - Black    GRY - Gray    MAR - Maroon  
BLU - Blue    BRO - Brown    GRN - Green  
HAZ - Hazel    PNK - Pink    XXX - Unknown

Hair Color: \_\_\_\_\_

(write the appropriate letters in the space provided)

BAL - Bald    BLK - Black    BLN - Blonde or Strawberry  
BRO - Brown    GRY - Gray or partially  
RED - Red or Auburn    SDY - Sandy

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

# ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION

I authorize the State Bureau of Investigation (SBI), to perform a national criminal history record check in connection with my application with the agency listed below.

I understand that the State Bureau of Investigation, and the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information.

\_\_\_\_\_  
Applicant/Licensee's Signature

\_\_\_\_\_  
Date

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically

  
\_\_\_\_\_  
Agency Authorized Official's Signature

\_\_\_\_\_  
Date

Cynthia Phillips

\_\_\_\_\_  
Authorized Official's Printed Name

Church of God Children's Home of NC

\_\_\_\_\_  
**Agency Name**  
3485 Weatherby Circle  
Concord, NC 28027

\_\_\_\_\_  
**Agency OCA#**

704-788-1164

\_\_\_\_\_  
Agency Address

\_\_\_\_\_  
Agency Phone Number

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the State Bureau of Investigation.

\_\_\_\_\_  
Signature of Official Taking Fingerprints

\_\_\_\_\_  
Date

By checking this box, I understand my rights to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

This completed form is to be mailed to Agency listed above  
Do NOT send this form to the SBI.



North Carolina Division of Social Services  
Responsible Individuals List (RIL) Information Request

**INSTRUCTIONS (Please read carefully):**

- ⇒ ALL INFORMATION ON THIS FORM MUST BE TYPED.
- ⇒ THE APPLICANT'S IDENTIFYING INFORMATION MUST BE VERIFIED.

G.S. § 7B-311 authorizes the NC Department of Health and Human Services to provide information from the Responsible Individuals List (RIL) to child caring institutions, child placing agencies, group home facilities, and other providers of foster care, child care, or adoption services that need to determine the fitness of individuals to care for or adopt children. This does not include teachers or employees otherwise not covered below.

**All sections of this form must be completed by the requesting agency,** signed and dated by the requesting agency and the prospective applicant.

Requests for information may be submitted to:

**FAX:** (984) 285-7159

OR

**MAIL:** (include a self-addressed stamped envelope):

NC Division of Social Services  
ATTN: RIL  
952 Old US Hwy 70  
Black Mountain, NC 28711

**REQUESTING AGENCY INFORMATION:**

Agency Name: Church of God Children's Home  
Address: 3485 Orphanage Circle  
City/State/Zip: Concord NC 28027  
Phone: <sup>704</sup> 7881164  
FAX: <sup>704</sup> 7883722  
EMAIL: treasurer@cogch.org

**TYPE OF AGENCY (Check one):**

- Child Placing Agency (Foster)  County Child Welfare Agency
- Child Placing Agency (Adopt)  NC Guardian ad Litem Program
- Group Home Facility  Foster Parent Applicant

**AGENCY CERTIFICATION:** I hereby request information from North Carolina's Responsible Individuals List. I certify that I am representing one of the types of agencies listed above and I am requesting this information in order to determine the fitness of individuals to care for or adopt children. I will only use the information requested to approve the applicant or hire/use the services of the individual. I have verified as correct, the name, date of birth, and Social Security number of the applicant.

**Cynthia Phillips, Secretary/Treasurer**  
Name and Title \_\_\_\_\_

Signature: \_\_\_\_\_

**APPLICANT INFORMATION: (Typed & Verified)**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (MM/DD/YYYY):  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Social Security Number (FULL):  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Gender:  Male  Female

Other names used (maiden, nickname, former married name, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT ACKNOWLEDGEMENT:**

I acknowledge that I have been informed that the North Carolina Division of Social Services will disclose to the named agency on this form, whether my name appears on the RIL, indicating that I am identified as being responsible for the abuse and/or serious neglect of a juvenile.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NCDSS Office Use Only**

- Form submitted incomplete
- Ineligible to request information
- As of \_\_\_\_\_, applicant's name is NOT on the RIL.
- As of \_\_\_\_\_, applicant's name is on the RIL.

Completed by: \_\_\_\_\_

Staff Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Other Names/Maiden/Alias \_\_\_\_\_

Social Security\*# \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ (mo/day/year)

Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Phone# \_\_\_\_\_

Email \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Employer Use Only: Please mark (✓) the searches to be conducted.			
Contact: _____	Email: _____		
Phone: _____	Fax: _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## **Church of God Children's Home of NC, INC. Statement of Confidentiality**

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In the course of my duties I am likely to have access to a considerable amount of personal information regarding clients, volunteers, staff, Board of Directors, in addition to agency policies, decisions, business transaction and contracts.

Persons who have access to records are those authorized by law specifically including the client, the parent, or legal custodian when the client is a minor, administrative staff, and auditing, licensing, accrediting personnel or those persons for whom the agency has obtained a signed consent for the release of confidential information.

It is expected that all volunteers understand the importance of treating information in a discreet and confidential manner.

Written records and correspondence must be kept secure at all times when not being used. No information regarding clients, volunteers, staff, and Board of Directors may be disclosed orally only or in writing to unauthorized persons.

Archived records are stored in the basement of the administrative office, caged inside locked file cabinets.

Regarding computerized information, the principles of the Data Protection Act of 1998, should be strictly followed.

Confidential matters relating to the organization or its work should not be discussed with unauthorized people.

Conversations relating to confidential matters should not take place in situations where they may be overheard.

Any breach of confidentiality may be regarded as gross misconduct and the subject of serious disciplinary action.

If you are uncertain about the meaning of any part of this notice, please ask our volunteer overseer for clarification.

I affirm that I will comply with these requirements.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_



## Conduct Policy

As an employee of Church of God Children's Home of NC, I understand that, Church of God Children's Home is owned and operated by the Church of God, Cleveland, Tennessee. I understand that it is expected of me to conduct myself in a manner consistent with the teachings and beliefs of the Church of God.

**Statements of Belief can be obtained on the Church of God website:**

<https://churchofgod.org/beliefs/declaration-of-faith/>

and

<https://churchofgod.org/practical-commitments/>

I further understand that failure to conduct myself in a manner consistent with these beliefs and teachings will result in discipline and possibly dismissal from employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_