

EMPLOYMENT APPLICATION			
Last Name:		First Name:	
Street Address:		Apartment/Unit #	
City:		State:	
Phone:		E-mail Address:	
D.O.B:		Desired Salary:	
Social Security No.:			
Date Available:			
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?			
Have you ever been convicted of a felony? YES ☐ NO ☐ If yes, explain			
Have you ever been Arrested? YES ☐ NO ☐ If yes, explain			

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	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
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	
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EMERGENCY CONTACT		
Name:	Relationship:	Number:
Name:	Relationship:	Number:
Name:	Relationship:	Number:

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.	
Signature	Date

APPLICANT REFERENCE FORM

This section is to be completed by applicant

Previous place of employment _____

To whom it may concern:

I _____, Social Security Number _____
Applicant's Name (Please Print)

have applied for a position with NOELA INC. and would appreciate it if you would give them the information requested concerning my employment with your company from _____ to _____.

Applicant's Signature _____

Date _____

This section is to be completed by present or previous employer

THIS REFERENCE INFORMATION WILL BE TREATED IN A CONFIDENTIAL MANNER

Position held: _____ ☐ Full time ☐ Part time

Please state reason applicant left or is leaving your employ:

Would you re-hire? ☐ Yes ☐ No

If not, state reason: _____

PLEASE CHECK THE FOLLOWING AREAS:

	Excellent	Good	Poor	Unknown
WORK HABITS				
Attendance				
Punctuality				
Follows instructions				
Observation of work rules				
ATTITUDE				
A diligent worker				
Works well with others				
Shows initiative				
Does more than own share				
Accepts constructive criticism				
PERFROMANCE & PRODUCTION				
Quantity of work				
Quality of work				



Takes pride in work				
Show good judgment				
Ability to complete assigned tasks				

Signature of person completing this form

Print Name _____

Date

Position

Company Name _____

Address

City

State

Zip

Telephone # _____

Comments:	
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Quality of work				

Takes pride in work				
Show good judgment				
Ability to complete assigned tasks				

Signature of person completing this form

Print Name

Date

Position

Company Name

Address

City

State

Zip

Telephone #

Comments:

CONSENT FORM

I hereby authorize **Noela Health Care** to receive any criminal history information pertaining to me which may be in the files of any State of local criminal justice agency in Georgia.

PLEASE PRINT:

_____	_____	_____
Last Name	First Name	Middle

Street Address

_____	_____	_____
City	State	Zip Code

Previous Street Address

_____	_____	_____
City	State	Zip Code

Number of Years at This Address? _____

_____	_____	_____	_____
Sex	Race	Date of Birth	State / Country of Birth

_____	_____	_____
Telephone #	Social Security #	Driver's License # / State

_____	_____
Signature of Applicant	Date



Background Check Reimbursement Policy

As part of the hiring process, candidates are required to complete a background check at a cost of \$51.50. The following outlines the conditions under which this fee may be reimbursed:

1. Payment Responsibility

Candidates are responsible for paying the background check fee upfront.

2. Reimbursement Eligibility

Reimbursement of the \$51.50 background check fee will be provided under the following conditions:

- The candidate accepts a job offer.
- The candidate completes 90 days of employment with the company.

3. Non-Reimbursement Conditions

- If a candidate does not accept a job offer after completing the background check, the fee will not be reimbursed.
- If employment is terminated or voluntarily ended before completing 90 days, the background check fee will not be reimbursed.

4. Reimbursement Process

Eligible employees must submit an email to admin@noelainc.com for reimbursement request after reaching 90 days of employment.

Applicant Acknowledgment and Agreement

I acknowledge that I have read and understood the Background Check Reimbursement Policy as stated above. I agree to the terms and conditions, including the requirement to complete 90 days of employment to be eligible for reimbursement. I understand that failure to accept a job offer or to complete the required 90 days of employment will result in forfeiture of any reimbursement for the background check fee.

Applicant Name

Applicant Signature

Date



Georgia Department of Behavioral Health and Developmental Disabilities

APPLICANT BACKGROUND CHECK

You received this form because you are required to complete a Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) background check. Follow the instructions below to submit your background check request to the provider. The provider will review and may submit your background check request to DBHDD.

Provider Name	Applicant Pay Code
NOELA, INC.	8MFZB

1. Go to the [CheckPT Portal](https://www.DBHDDcheckPT.com/Applicant) and select the portal for Applicants at

<https://www.DBHDDcheckPT.com/Applicant>.

- For new applicant accounts, please start at step 2.
- If you have an existing applicant account, please login and start at step 4.

2. Create an Account

If you have not created an account before:

- Select **"Register as a new user."**
- Carefully input your personal information.
- Once you've double checked your information, click **"Register"** and confirm in the pop up window.
- Check your email for a message from noreply@innovativearchitects.com with a link to set your password.
- Follow the link and set a permanent password and choose three security questions and answers.
- **Please note that you must accept the Terms and Conditions and complete the first two steps below under "Enter Application Information" for your account to be fully established.**

3. Terms and Conditions

Read and accept the Terms and Conditions. Select the **"I accept the Terms and Conditions of the End User License Agreement"** checkbox and then select the **"Accept"** button.

4. Enter Application Information

- Select **"Create Application"** on the home screen.
- Enter Applicant Pay Code **8MFZB** in the provider number field and click **"Search"**. If the correct provider is displayed, click **"Continue Application."** If an incorrect provider is displayed, contact the provider that gave you this form.
- Enter your demographic information including all required fields and select **"Next"**.
- Take a picture of your Identification Document (state issued driver's license, state issued identification card, US armed forces ID, passport, or visa). Select the type of identity document and select **"Upload Document"**. Find the picture/file, select it, and enter the name of the document, for example, GA Driver's License. Click **"Upload"**, then select **"Next"**.
- Enter your Physical Address as it appears on your Identification and click **"Next"**.
- Enter your mailing address if it is different from your physical address. If it is the same, check the box **"Mailing Address is same as Permanent Address"**, and select **"Next"**.

- If you have lived in a different state in the last 5 years, enter that information and click **"Add this previous address"**. If you have not lived in a different state in the last 5 years, check the box **"I have not lived in another State during the specified time frame"**, and select **Next**.
- Enter any different names you have used, like maiden names or aliases. Enter any different social security numbers or dates of birth used (very rare). Once added, if applicable, click on **"Add this name or alias"**. Select **"Next"**. If not applicable, leave blank and select **"Next"**.
- Read and acknowledge each statement on the Release of Information (ROI), check all boxes, and select **"Next"**. At the bottom of the ROI page is a statement related to privacy rights. Select the link **"Privacy Rights"**. This will open a new window. Read the privacy rights information. Navigate back to CheckPT and check the box to acknowledge that you have read the privacy rights. Select **"Next"**.
- Review all information on the Application Summary and be careful to ensure all information was entered correctly. Incorrect information will result in the delay of your ability to get fingerprinted and possibly hired. After you have reviewed the information, check the box **"The above information has been reviewed by me and is true and correct"**. Select **"Finish."** Selecting **"Finish"** will submit your application to the provider for their review.
- If you selected **"Finish"** and any of your information was incorrect, you will need to contact the provider directly.

5. Check your email

You will receive an email when the provider submits your background check request to Idemia. The email will come from no-reply-ue@us.idemia.com and includes a unique tracking number (specific to you) called a Universal Enrollment Identification (UE ID). The email includes a link to IdentoGO.

If you have questions, please reach out to the appropriate department below.

Community Providers Provider HR

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