



## Falcon Children's Home and Family Services

P.O. Box 39, Falcon, NC 28342-0039

Joseph T. Leggett, CEO—jleggett@fchfs.org

TO: Falcon Children's Home and Family Services Applicant  
FROM: Human Resources and Benefits Department of FCHFS  
SUBJECT: Pre-Employment Requirements

Please find enclosed in this packet pre-employment documentation needed to properly process your paper-work for employment. In addition to the enclosed documents needing to be completed please review the following items. Failure to complete all of the items listed below may result in a delay in your hire date.

### **Items Completed at Application**

- Completed application for employment
- Copy of Driver's License and Social Security card
- Three personal references to which the HR Department will complete phone interview or mail the requests.
- Your Date of Birth (provided by completed application)
- The HR Department will conduct criminal background checks.

### **Items to Be Completed Before and Presented on the First Day of Employment**

- Copy of current CPR/First Aid card(if not current it will be provided within 30 days of hire)
- Copy of your high school diploma or GED **OR**
- Certified copy of college transcripts
  - (When applicable) Please have transcripts mailed directly to  
Falcon Children's Home & Family Services  
Attention: HR Department  
PO Box 39  
Falcon, NC 28342
- Current medical/physical **WITH** TB skin test. (Form enclosed)
- Current medical/physical with TB skin test for children living on campus.
  - TB skin test is required only if one or more of the parent's test positive for TB.
- Fingerprinting must be completed (documents will be emailed after application to accompany and document the fingerprinting)
- Current DMV driving record (at least a 3 year record)
- Please bring your banking information (voided check preferred) for payroll purposes.
- A drug test will be administered during the week of orientation.

Thank you for your interest in Falcon Children's Home and Family Services.

# Falcon Children's Home and Family Services



APPLICATION FOR EMPLOYMENT

## PREFACE:

Falcon Children's Home & Family Services (originally Falcon Orphanage) was established and chartered in the State of North Carolina in 1909. It operated then and now, as a private, not-for-profit institution. Its purpose was to serve orphans and indigent children. Today, Falcon Children's Home & Family Services is owned and operated under the auspices of the International Pentecostal Holiness Church and serves primarily the South eastern United States. The Home is fully licensed by the State of North Carolina and can care for up to 90 children between the ages of 3 and 21 years.

**We are a child care facility.** We have no other purpose or business. The care of children is our foremost concern and the centerpiece of all we do. Therefore, the selection or employment of people who share our vision and agree with our reason for being is crucial.

## MISSION STATEMENT:

Since its inception this Home has remained committed to the desires of its founders. That vision was, and is, to provide a Christian home for children, who for whatever reason, are not permitted to live with their parents in a normal family setting or whose parents are deceased. We are committed to serving the needs of children without regard to creed, color, race or religion; to providing services and opportunities that will enhance the total well-being of every child - *mentally, physically, emotionally, and spiritually*; and to the Christian values upon which the Home was established and which we believe and teach unashamedly. It is our desire and prayer that those who seek employment at Falcon Children's Home & Family Services will subscribe to the same position on morality and conduct.

If you find yourself in agreement with the above statement you are invited to apply for employment with Falcon Children's Home.

**NOTICE TO APPLICANTS**

Federal and State law requires that all applications be considered without regard to race, religion, color, sex, age, marital status or national origin. Falcon Children's Home and Family Services believes in and fully supports the principle of equal employment opportunity and will fulfill its obligations to the fullest.

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

**PERSONAL DATA**

|                          |  |       |                  |
|--------------------------|--|-------|------------------|
| <b>NAME:</b>             | Last   | First | Middle           |
| <b>PRESENT ADDRESS:</b>  | Street   | City  | County State Zip |
| <b>PREVIOUS ADDRESS:</b> | Street   | City  | County State Zip |
| <b>PHONE NUMBER:</b>     | Home   | Cell  | Work             |
| <b>EMAIL:</b>            | ARE YOU AT LEAST 21 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |                  |

**EMPLOYMENT DESIRED**

**POSITION FOR WHICH YOU ARE APPLYING:**

|   |   |
|---|---|
| <b>IF HIRED, ON WHAT DATE WILL YOU BE ABLE TO START WORK?</b> | <b>ARE YOU EMPLOYED NOW?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

**WHO REFERRED YOU TO US?**

**LIST FRIENDS OR ACQUAINTANCES ALREADY WORKING AT FCHFS:**

**PERSONAL REFERENCES(DO NOT USE FORMER EMPLOYERS OR RELATIVES-GIVE FULL ADDRESS FOR EACH REFERENCE)**

|         |            |                 |
|---------|------------|-----------------|
| NAME    | OCCUPATION | PHONE NUMBER(S) |
| ADDRESS |            |                 |
| NAME    | OCCUPATION | PHONE NUMBER(S) |
| ADDRESS |            |                 |
| NAME    | OCCUPATION | PHONE NUMBER(S) |
| ADDRESS |            |                 |

**TO ENABLE US TO MAKE REFERENCES, LIST ANY NAME CHANGE, ASSUMED NAME, OR NICKNAME BY WHICH YOU ARE KNOWN:**

**RECORD OF EDUCATION**

|  |                   |             |             |
|--|-------------------|-------------|-------------|
|  | ELEMENTARY SCHOOL | HIGH SCHOOL | COLLEGE     |
| CIRCLE HIGHEST LEVEL OF EDUCATION COMPLETED: | 1 2 3 4 5 6 7 8   | 9 10 11 12  | 1 2 3 4 5 6 |

**LIST NAME & ADDRESS OF SCHOOL** **DIPLOMA OR DEGREE**

|                   |  |  |
|-------------------|--|--|
| ELEMENTARY SCHOOL |  |  |
| HIGH SCHOOL       |  |  |
| COLLEGE           |  |  |

OTHER SUBJECTS OF SPECIAL STUDY, RESEARCH WORK OR SPECIAL SKILLS:

IN WHAT CAPACITY IF ANY, HAVE YOU WORKED WITH CHILDREN, YOUTH, ETC.?

**WORK HISTORY (START WITH YOUR MOST RECENT JOB)**

|                                   |                                       |                        |                   |               |                    |
|-----------------------------------|---------------------------------------|------------------------|-------------------|---------------|--------------------|
| PRESENT OR LAST HELD JOB          | COMPANY'S NAME                        | ADDRESS                |                   |               |                    |
|                                   | NAME OF JOB HELD AND RESPONSIBILITIES | DATE (STARTED (MO/YR)) | DATE LEFT (MO/YR) | LAST PAY RATE | REASON FOR LEAVING |
| PREVIOUS JOB BEFORE THE ONE ABOVE | COMPANY'S NAME                        | ADDRESS                |                   |               |                    |
|                                   | NAME OF JOB HELD AND RESPONSIBILITIES | DATE (STARTED (MO/YR)) | DATE LEFT (MO/YR) | LAST PAY RATE | REASON FOR LEAVING |
| PREVIOUS JOB BEFORE THE ONE ABOVE | COMPANY'S NAME                        | ADDRESS                |                   |               |                    |
|                                   | NAME OF JOB HELD AND RESPONSIBILITIES | DATE (STARTED (MO/YR)) | DATE LEFT (MO/YR) | LAST PAY RATE | REASON FOR LEAVING |

MAY WE CALL/WRITE YOUR PRESENT SUPERVISOR?     Yes     No    PHONE #

IF NO, WHY?

**SECURITY INFORMATION**

Your answers to the following questions will no necessarily bar your from employment, but rather, the facility will give fair consideration to the relationship between any disclosure and your fitness for a particular job.

HAVE YOU EVER BEEN SUSPENDED, DISMISSED, FIRED, OR DISCHARGED FROM A POSITION OF EMPLOYMENT? Yes  No

HAS YOUR DRIVER’S LICENSE EVER BEEN SUSPENDED? Yes  No

HAVE YOU EVER PLEAD GUILTY OR BEEN CONVICTED OF ANY VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION? Yes  No

HAVE YOU EVER PLEAD GUILTY OR BEEN CONVICTED OF A FELONY, BEEN IMPRISONED, PLACED ON PROBATION OR PAROLED? Yes  No

ARE YOU NOW UNDER ANY RESTRICTION FOR VIOLATION OF A LAW FOR WHICH YOU PLED GUILTY OR Yes  No

If you answered “YES” to any of the above questions, please attach a separate sheet of paper explaining your response. Please provide details regarding times and dates of the occurrences, reasons for discharge; names/numbers/addresses of employers; and names/numbers/addresses of police or criminal agencies involved.

I authorize Falcon Children’s Home and Family Services to make whatever inquiries it deems necessary of any former employer, personal reference, or school official named in this application or referred by a person named in this application in order to verify any information given in my application and/or determine my qualifications and abilities. I understand that such inquiries may include information as to my character, general reputation, personal characteristics, and a criminal and/or credit check. All statements made in this application are true and complete. I release all parties from any damage that may result from furnishing this information to Falcon Children’s Home.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Mailing Address  
PO Box 39, Falcon, NC 28342  
  
(Phone) 910.980.1065  
  
(Fax) 910.980.1161



## BACKGROUND CHECK AUTHORIZATION

I, \_\_\_\_\_ authorize

Falcon Children's Home and Family Services to conduct a background check. I understand ALL information collected from the background check will remain in confidence with the Human Resources Department of Falcon Children's Home and Family Services.

**Please attach a copy of current ID. You will need to enter the demographic information below EXACTLY as it appears on the attached ID. ID Must BE CURRENT.**

|   |               |                       |
|---|---------------|-----------------------|
| <b>FULL NAME:</b>   |               |                       |
| <b>First Name</b>   | <b>Middle</b> | <b>Last</b>           |
| <b>Social Security Number:</b>  |               | <b>Date of Birth:</b> |
| <b>Address 1</b>  |               |                       |
| <b>Address 2</b>  |               |                       |
| <b>City:</b>  | <b>State:</b> | <b>Zip</b>            |
| <b>County:</b>  |               |                       |
| <b>Email Address:</b>   |               |                       |
| <b>Position Applying For:</b>   |               |                       |
| <b>Phone Number: (Include Area Code)</b>  |               |                       |
| <b>Have you lived in a state other than North Carolina within the last 5 years? ___Yes___No.</b><br><b>If you answered yes, list the address(es) below. Include full address to include city, state and zip code.</b> |               |                       |
|   |               |                       |
|   |               |                       |
|   |               |                       |

Print Full Name: \_\_\_\_\_

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

Today's Date: \_\_\_\_\_

**DON'T FORGET TO ATTACH CURRENT IDENTIFICATION**

**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: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Child Placing Agency (Foster) | <input type="checkbox"/> County Child Welfare Agency  |
| <input type="checkbox"/> Child Placing Agency (Adopt)  | <input type="checkbox"/> NC Guardian ad Litem Program |
| <input type="checkbox"/> Group Home Facility           | <input type="checkbox"/> 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.

Name *and* Title (Typed): \_\_\_\_\_

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

Falcon Children's Home and Family Services, Inc.  
**Disclaimer for Residential Employees/Volunteers/Interns**

- I have no criminal convictions that would adversely affect my capacity and ability to provide care, safety, and security for the children in residence.
- I have not abused or neglected a child.
- I have not been a respondent in a juvenile court proceeding that resulted in the removal of a child.
- I have not had child protective services involvement that resulted in the removal of a child.
- I have not abused, neglected, or exploited a disabled adult.
- I have never committed an act of domestic violence upon another person.

I certify that the above statements are true and understand that my employment or my relationship with the agency as an Employee/Volunteer/Intern may be terminated for making a false statement.

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Print Name

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Signature

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Date



**MEDICAL HISTORY FORM  
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

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

Home Address: \_\_\_\_\_

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

**HEALTH HISTORY**

| Any history, past, or present of: |  | YES | NO |
|-----------------------------------|--|-----|----|
| 1                                 | Head or back injuries  |     |    |
| 2                                 | Neurological disorders, convulsions, etc.                              |     |    |
| 3                                 | Heart disease, high blood pressure, or rheumatic fever                 |     |    |
| 4                                 | Lung disorders, asthma, tuberculosis                                   |     |    |
| 5                                 | Stomach, gall bladder, or other gastro-intestinal disorders            |     |    |
| 6                                 | Allergies to food, drugs, plants, etc.                                 |     |    |
| 7                                 | Blood disorders, anemia, leukemia, etc.                                |     |    |
| 8                                 | Kidney trouble   |     |    |
| 9                                 | Venereal disease   |     |    |
| 10                                | Diabetes or other glandular disorders                                  |     |    |
| 11                                | Surgery  |     |    |
| 12                                | Physical disabilities  |     |    |
| 13                                | Psychological disorders, mental health diagnosis, drug/substance abuse |     |    |
| 14                                | Other chronic illnesses, diseases, or disorders                        |     |    |

If any of the above questions were answered yes, provide explanation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you consider your state of health:    Excellent     Good     Fair     Poor

To the best of my knowledge, the above information is correct.

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



## Falcon Children's Home and Family Services Consent and Release of Liability of Drug & Alcohol Testing

I understand that as a condition of employment with Falcon Children's Home & Family Services (FCHFS), I may be required to submit a sample of my urine, breath, blood and/or hair for chemical analysis. I understand that a certified laboratory will conduct the analysis. The purpose of this analysis is to check for the presence of illegal or non-prescription drugs and or alcohol in my system.

I hereby give permission for any certified laboratory to release the results of these tests to Falcon Children's Home & Family Services. I consent freely and voluntarily to this request for a urine, breath, blood and/or hair specimen. I hereby release FCHFS from any liability arising from this request to furnish urine, breath, blood and/or hair samples, the testing of the urine, breath, blood and/or hair samples and any decision made concerning my application for employment or employment which may be based in whole or in part upon the result of the test analysis.

I understand that the presence of any illegal or non-prescription drug or alcohol in my system may result in the denial of employment with FCHFS or the termination of that employment. I further understand that employment with FCHFS may be conditioned upon my willingness to submit to and the results of periodic drug and/or alcohol testing required by FCHFS. Likewise, I understand that refusal to submit to or cooperate with any such testing may result in termination of my employment.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

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Applicant/Employee Signature

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Date



Falcon Children's Home and Family Services, Inc.  
**At-Will Employee Status Acknowledgement**

I understand and agree that:

Additional information and policies may be implemented from time to time by Falcon Children's Home and Family Services, and I will also be required to read and understand them.

I am an "at-will" employee, which means either myself or Falcon Children's Home may terminate the employment relationship, for any reason or for no reason, at any time.

My status as an "at-will" employee can only be changed through a written agreement duly authorized and executed by my supervisor of Falcon Children's Home and Family Services and the employee.

There have been no statements, agreements, promises, representations, or understandings made by any officer, employee, or agent of Falcon Children's Home and Family Services that are inconsistent with this acknowledgment form.

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Print Name

---

Signature

---

Date



Falcon Children's Home and Family Services  
**Employee – Emergency Contact Information**

**PLEASE PRINT – PLEASE PRINT – PLEASE PRINT – PLEASE PRINT- PLEASE PRINT**

Employee Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

**In case of an emergency, please contact the following person(s):**

Full Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Phone Number (Please include area code): \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Phone Number (Please include area code): \_\_\_\_\_

*I, \_\_\_\_\_ authorize Administration of Falcon Children's Home and Family Services to contact the above individual(s) on my behalf in case of an emergency.*

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

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



## Falcon Children's Home and Family Services, Inc. **Confidentiality Guidelines**

### **The Duty of Confidence**

- All Falcon Children's Home and Family Services Staff (FCHFS) and those carrying out functions on behalf of the FCHFS staff have a duty of confidence to students and a duty to support professional ethical standards of confidentiality.
- Everyone working for or with FCHFS records, handles, stores, and/or otherwise comes across information that is capable of identifying individual students, and information unique to their placement at FCHFS. All have a personal and professional duty of confidence to students in care at FCHFS.
- The duty of confidence is conferred by common law, statute, contract of employment, disciplinary codes, and policies (of which this is one) and professional registration.

### **Confidential Information**

- Confidential information is information entrusted by an individual in confidence, where there is a general obligation not to disclose that information without consent.
- Confidential information includes personal information such as name, age, address, and personal circumstances, as well as sensitive personal information regarding race, health, sexuality, medical treatment, and legal involvement. Confidential information also includes information related to a student's need for placement at this agency.
- Confidential information may be known or stored on any medium. Photographs, videos, etc. are subject to the same requirements as information stored in personal records, on a computer, or given verbally.
- Information that identifies individuals personally is assumed to be confidential and should not be used unless absolutely necessary. Such information should be stored and kept in compliance with agency policy.

## **Awareness and Compliance**

- Every employee of FCHFS must be aware of the importance of confidentiality. All staff must be aware of their responsibilities for safe-guarding student confidentiality and keeping information secure.
- Breaches of confidentiality are a serious matter. Non-compliance with this policy and code of conduct by any person employed by FCHFS will result in disciplinary action and/or termination of employment. No employee shall knowingly misuse any information or allow others to do so.
- This policy and accompanying guidelines and code of conduct are intended as an overview of the issues that you need to be aware of when dealing with student information. If you have further questions you should seek advice from: your direct supervisor, or the Director of Campus Life.

## **Responsibilities**

- The Director of Campus Life with the Director of Social Services is responsible for overseeing and advising on issues of student confidentiality for FCHFS.
- Supervisors are responsible for ensuring that all staff, particularly new staff, temporary staff, contractors and volunteers, know what is expected of them with respect to confidentiality and protecting information.
- Staff members are responsible for safeguarding the confidentiality of all student and FCHFS information to which they have access, transmitted or recorded by any means.
- Individual staff members are personally responsible for any decision to pass on information that they may make.
- All staff are responsible for adhering to the Confidentiality Code of Conduct.

## **Disclosing Information**

- A student's personal information and information regarding a student's placement at FCHFS may only be passed to another person or organization through the student's FCHFS case manager, the Director of Social Services, or the Director of Campus Life. The Campus Nurse may share a student's personal information on a "need to know" basis.
- Such information is passed to another person or organization:
  - Where it is disclosed in the best interests of the student (e.g. between members of a multidisciplinary team, medical treatment, etc.)
  - On a "need to know" basis
    - Needs the information because they are directly involved with the student's care (i.e. houseparent, legal guardian, case manager, health care professional)
    - Where disclosure is required by court order
    - Where disclosure is required by statute (that is, by law)
    - Where information is required by law enforcement in conjunction with prevention or detection of serious crime.

**Falcon Children's Home and Family Services, Inc.**  
**Statement of Agreement Regarding Confidentiality**

I, \_\_\_\_\_ being an employee (full-time, part-time, or contracted, volunteer, or intern) of Falcon Children's Home and Family Services(FCHFS) acknowledge that policies related to confidentiality have been provided and explained to me. I have read and understand the FCHFS Confidentiality Guidelines that were provided to me.

Confidential items includes, but is not limited to, a student's personal information such as name, age, address, and personal circumstances, as well as sensitive personal information regarding race, health, sexuality, medical treatment, and legal involvement. Confidential information includes information related to a student's need for placement at this agency and any other information deemed by the Administration as confidential.

I understand that information about clients and their families will be shared with me for the purpose of case management and providing residential child-care services. I also understand that this information is shared with others only when there is a need to know and when there is a written working agreement between agencies, or a specific signed release for information has been executed. I also understand that this information cannot be shared with individuals and/or agencies that have no direct need for the information.

I have a professional and personal responsibility of confidence to the students and employees of FCHFS and I shall not knowingly misuse any information that is considered by FCHFS administration as Confidential, nor will I knowingly allow others to misuse such information.

Furthermore, I understand that breaches of confidentiality are a serious matter and that my employment can be terminated if I violate or are in non-compliance with the FCHFS confidentiality policy. I understand and I am willing to comply with these confidentiality requirements.

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

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



## Falcon Children's Home and Family Services, Inc. Code of Ethics

Because child care is critically important to children, parents, families, caregivers, and others, organizations and individuals that provide child care should have special, strong obligations to be trustworthy, provide quality care, protect client's privacy, and adhere to standards of best professional services.

**RECOGNIZING** the responsibility of providing quality child care and maintaining high standards of professional conduct and integrity, Falcon Children's Home and Family Services has adopted the following **CODE OF ETHICS**.

1. To provide the highest level of service to all through appropriate and usefully organized resources.
2. To acknowledge the importance of childhood, and encourage the development of the uniqueness and potential of each child by providing child care workers with information and resources that assist them in ensuring a child reaches his/her optimum physical, social, cognitive, and creative development.
3. To serve only those children for whom our service is appropriate and to respect the uniqueness of each child's race, culture, and religion while attempting to instill a sense of self-worth, individuality, and responsibility.
4. To build a partnership with caregivers and organizations by sharing knowledge that will benefit the development of all children.
5. To protect children in our care from abuse, mistreatment, or exploitation and to hold accountable anyone violating these principles.
6. To strive for excellence in the childcare field by maintaining and improving our professional knowledge, skills and competence and to review constantly our services for relevance and effectiveness to ensure that they meet the needs of all parties involved.
7. To respect the rights and dignity of colleagues and associates in the field of child care, as well as respect confidential relationships with families and caregivers.
8. To offer assistance and accurate information so that families and caregivers can make informed choices about entering into mutually beneficial childcare arrangements.
9. To not allow our personal beliefs to interfere with fair representation of the information and resources presented by FCHFS.
10. To protect each client's right to privacy and confidentiality.
11. To obey all laws and regulations applicable to childcare referral and placement.

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Signature

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Date



# Falcon Children's Home & Family Services

## Electronic Media Use Policy

### SECTION ONE

#### PURPOSE

- A. To remain competitive, better serve our customers and provide our employees with the best tools to do their jobs, Falcon Children's Home makes available to our workforce access to one or more forms of electronic media and services, including computers, email, cell-phones, voicemail, fax machines, wireless services, online services, intranet, Internet and the World Wide Web.
- B. Falcon Children's Home encourages the use of these media and associated services because they can make communication more efficient and effective and because they are valuable sources of information about vendors, customers, technology, and new products and services. However, all employees and everyone connected with the organization should remember that electronic media and services provided by the company are company property and their purpose is to facilitate and support company business. All computer and cell-phone users have the responsibility to use these resources in a professional, ethical, and lawful manner.
- C. To ensure that all employees are responsible, the following guidelines have been established for using electronic media and services. No policy can lay down rules to cover every possible situation. Instead, it is designed to express Falcon Children's Home philosophy and set forth general principles when using electronic media and services.

### SECTION TWO

#### SOCIAL MEDIA AND PROHIBITED COMMUNICATIONS

Electronic and/or social media cannot be used for knowingly transmitting, retrieving, or storing any communication that are:

1. Discriminatory or harassing;
2. False Statements
3. Allegations or slanderous comments
4. Derogatory to any individual or group;
5. Obscene, sexually explicit or pornographic;
6. Defamatory or threatening;
7. In violation of any license governing the use of software; or
8. Engaged in for any purpose that is illegal or contrary to Falcon Children's Home and Family Services policy or business interests.

The release of information pertaining to Falcon Children's Home and Family Services (FCHFS), FCHFS students, staff and/or events is strictly forbidden. This includes posting to any social media site or individual websites. Violation of this policy by FCHFS staff can result in disciplinary actions up to and including termination. Violations may also incur legal actions

**SECTION THREE**  
**PERSONAL USE**

- A. The computers, electronic media, and services provided by Falcon Children's Home are primarily for business use to assist employees in the performance of their jobs. Employees are to refrain from the personal use of Falcon Children's Home telecommunications services.
- B. Falcon Children's Home, therefore, reserves the right to bill employees for personal use of its computers, electronic media, and services.

**SECTION FOUR**  
**ACCESS TO EMPLOYEE COMMUNICATIONS**

- A. Generally, electronic information created and/or communicated by an employee using e-mail, word processing, utility programs, spreadsheets, voicemail, telephones, Internet and bulletin board system access, and similar electronic media is not reviewed by the company. However, the following conditions should be noted:
  - 1. Cost analysis;
  - 2. Resource allocation;
  - 3. Optimum technical management of information resources; and
  - 4. Detecting patterns of use that indicate employees are violating company policies or engaging in illegal activity.
  - 5. Quality control
- B. Falcon Children's Home does routinely gather logs for most electronic activities or monitor employee communications directly, e.g., telephone numbers dialed, sites accessed, call length, and time at which calls are made, for the following purposes:
  - 1. Cost analysis;
  - 2. Resource allocation;
  - 3. Optimum technical management of information resources; and
  - 4. Detecting patterns of use that indicate employees are violating company policies or engaging in illegal activity.
  - 5. Quality control
- C. Falcon Children's Home reserves the right, at its discretion, to review any employee's electronic files and messages to the extent necessary to ensure electronic media and services are being used in compliance with the law, this policy and other company policies.
- D. Employees should not assume electronic communications are completely private. Accordingly, if they have sensitive information to transmit, they should use other means.

**SECTION FIVE**  
**SOFTWARE**

To prevent computer viruses from being transmitted through the company's computer system, unauthorized downloading of any unauthorized software is strictly prohibited. Only software registered through Falcon Children's Home may be downloaded. Employees should contact the system administrator if they have any questions.

## SECTION SIX

### **SECURITY / APPROPRIATE USE**

- A. Employees must respect the confidentiality of other individuals' electronic communications. Except in cases in which explicit authorization has been granted by, Administration employees are prohibited from engaging in, or attempting to engage in:
  - 1. Monitoring or intercepting the files or electronic communications of other employees or third parties;
  - 2. Hacking or obtaining access to systems or accounts they are not authorized to use;
  - 3. Using other people's log-ins or passwords; and
  - 4. Breaching, testing, or monitoring computer or network security measures.
- B. No e-mail or other electronic communications can be sent that attempt to hide the identity of the sender or represent the sender as someone else.
- C. Electronic media and services should not be used in a manner that is likely to cause network congestion or significantly hamper the ability of other people to access and use the system.
- D. Anyone obtaining electronic access to other companies' or individuals' materials must respect all copyrights and cannot copy, retrieve, modify or forward copyrighted materials except as permitted by the copyright owner.

## SECTION SEVEN

### **ENCRYPTION**

Employees can use encryption software supplied to them by the systems administrator for purposes of safeguarding sensitive or confidential business information. Employees who use encryption on files stored on a company computer must provide their supervisor with a sealed hard copy record (to be retained in a secure location) of all of the passwords and/or encryption keys necessary to access the files.

## SECTION EIGHT

### **PARTICIPATION IN ONLINE FORUMS**

- A. Employees should remember that any messages or information sent on company provided facilities to one or more individuals via an electronic network-for example, Internet mailing lists, bulletin boards, and online services-are statements identifiable and attributable to Falcon Children's Home and Family Services.
- B. Falcon Children's Home recognizes that participation in some forums might be important to the performance of an employee's job. For instance, an employee might find the answer to a technical problem by consulting members of a news group devoted to the technical area.

**SECTION NINE.  
VIOLATIONS**

Any employee who abuses the privilege of their access to Falcon Children's Home's electronic media and services e-mail or the Internet in violation of this policy will be subject to corrective action, including possible termination of employment, legal action, and criminal liability, and financial restitutions.

**SECTION TEN.  
EMPLOYEE AGREEMENT ON USE OF E-MAIL AND THE INTERNET**

I have read, understand, and agree to comply with the foregoing policies, rules, and conditions governing the use of the Falcon Children's Home's computer and telecommunications equipment and services. I understand that I have no expectation of privacy when I use any of the telecommunication equipment or services. I am aware that violations of this guideline on appropriate use of the e-mail and Internet systems may subject me to disciplinary action, including termination from employment, legal action and criminal liability. I further understand that my use of the e-mail and Internet may reflect on the image of Falcon Children's Home to our customers, competitors and suppliers and that I have responsibility to maintain a positive representation of the company. Furthermore, I understand that this policy can be amended at any time.

---

Printed Name

---

Signature

---

Date



## Falcon Children's Home And Family Services Non-Discrimination Policy

It is the policy and commitment of Falcon Children's Home and Family Services that it does not discriminate on the basis of race, age, color, sex, national origin, physical or mental disability, or religion.

### **Equal Employment Opportunity**

Falcon Children's Home and Family Services is committed to a policy of equal opportunity and does not discriminate in the terms, conditions, or privileges of employment on the account of race, age, color, sex, national origin, physical or mental disability, or religion or otherwise as may be prohibited by federal and state law.

Any employee, board member, volunteer, or client who believes that s/he or any other affiliate of Falcon Children's Home and Family Services has been discriminated against is strongly encouraged to report this concern promptly to the Chief Operating Officer.

### **Discriminatory Harassment**

Harassment or intimidation of a client, staff person or guest because of that person's race, age, color, sex, national origin, physical or mental disability, or religion is specifically prohibited and may be grounds for termination. Harassment and intimidation includes abusive, foul or threatening language or behavior. Falcon Children's Home and Family Services is committed to maintaining a workplace that is free of any such harassment and will not tolerate discrimination against staff members, volunteers or agency clients.

Issues of discriminatory treatment, harassment, or intimidation on any of these bases should immediately be reported to the Chief Operating Officer or immediate supervisor and, if substantiated, prompt action will be taken.

My signature below indicates my receipt and understanding of this policy. I also verify that I have been provided an opportunity to ask questions about the policy.

---

Printed Name

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Signature

---

Date



## Falcon Children's Home and Family Services Employee Protection (Whistleblower) Policy

If any employee reasonably believes that some policy, practice, or activity of Falcon Children's Home and Family Services (FCHFS) is in violation of law, a written complaint must be filed by that employee with the Executive Director or the Board Chairman.

It is the intent of FCHFS to adhere to all laws and regulations that apply to the organization and the underlying purpose of this policy is to support the organization's goal of legal compliance. The support of all employees is necessary to achieving compliance with various laws and regulations. An employee is protected from retaliation only if the employee brings the alleged unlawful activity, policy, or practice to the attention of [Name of Nonprofit] and provides FCHFS with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to employees that comply with this requirement.

FCHFS will not retaliate against an employee who in good faith, has made a protest or raised a complaint against some practice of FCHFS, or of another individual or entity with whom FCHFS has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy.

FCHFS will not retaliate against employees who disclose or threaten to disclose to a supervisor or a public body, any activity, policy, or practice of FCHFS that the employee reasonably believes is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate or public policy concerning the health, safety, welfare, or protection of the environment.

My signature below indicates my receipt and understanding of this policy. I also verify that I have been provided with an opportunity to ask questions about the policy.

---

Printed Name

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Signature

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Date



## Falcon Children's Home and Family Services Nepotism Policy

Falcon Children's Home and Family Services hires houseparents that are married couples. Neither person in the couple is of higher rank than the other therefore there is not a direct supervisor-subordinate relationship.

Falcon Children's Home and Family Services permits the employment of qualified relatives of employees, or any person in the employee's household as long as the working relationship does not cause a conflict of interest for either party. There will not be any direct supervision by one relative over another or anywhere in the direct chain of command.

Related employees may not have any influence over the wages, hours, benefits, career progress or other terms and conditions of the other related staff member.

Employees who marry while employed, or become part of the same household are treated in accordance with these guidelines. That is, if in the opinion of Falcon Children's Home and Family Services, a conflict arises as a result of the relationship one of the employees may be transferred at the earliest feasible time.

***My signature below indicates by receipt and understanding of this policy. I also verify that I have been provided an opportunity to ask questions about the policy.***

---

Printed Name

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Signature

---

Date

Falcon Children’s Home and Family Services, Inc.  
**Insurance Coverage and Legal Assistance Overview**

At Falcon Children’s Home and Family Services, our commitment to serve and protect extends not only to our children but to our staff. This communication is intended to give a brief overview of insurance that we purchase to protect our institution **and** our employees.

**General Liability and Auto Liability** – to protect us against claims that we may have caused bodily injury or property damage to others; this insurance will provide legal defense and pay judgements against us.

**Professional Liability** – sort of like “medical malpractice” that physicians carry, this will defend us if we are accused of making professional decisions that result in harm to our clients. Similar to General Liability, this insurance will provide legal defense and pay judgements on behalf of the institution and employees for certain acts and negligence.

**Umbrella Liability** – provides additional insurance in case of very large claims such as described above.

**Physical Damage Coverage** – in case there is damage to our buildings, contents, equipment, and vehicles from accidents such as fire, tornados, theft, crashes, etc.

**Employee Dishonesty** – it is hard to conceive of a staff member stealing or embezzling from us, but this insurance would give us some coverage in that case.

**Workers Compensation** – if an employee is injured as a result of their work with us, this insurance is designed to pay their medical bills, rehabilitation expenses, and replace some of their wages while they are out of work.

**Accident Coverage for Volunteers** – to help a volunteer of ours with medical bills or other expenses they might incur if they are injured while helping us.

This summary is a very streamlined and simplified attempt to cover a very complex topic. If you have any questions or would like more details, please contact your supervisor or our Human Resources office. We appreciate all that you do for Falcon Children’s Home and Family Services.

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Printed Name

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Signature

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Date





The rest of this application packet is for the applicant to take.

The next two pages titled "Medical Evaluation-North Carolina Division of Social Services" and "Staff Medical Report" are to be completed by a Doctor. Both forms including the listed TB skin test must be completed prior to employment.

**The applicant should NOT write/type on either of these pages.**

**MEDICAL EVALUATION  
FALCON CHILDREN'S HOME AND FAMILY SERVICES**

This individual has come to you in response to a request from Falcon Children's Home and Family Services for a report on his/her medical condition. It is important for us to know of any medical factors that may interfere with this individual's care for or interaction with a foster child. The individual named below understands that this information will be provided to the NC Division of Social Services.

|             |         |                 |   |               |
|-------------|---------|-----------------|---|---------------|
| Name (Last) | (First) | (Middle)        | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth |
| Weight:     | Height: | Blood Pressure: |   |               |

**MEDICAL CONDITIONS**

|   |
|---|
| Chronic/Ongoing Medical Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:<br><br><br>  |
| <b>A tuberculin skin test should be administered due to this person working in a high risk area</b><br><br>Date of TB Skin Test/Chest X-Ray: _____ Results: _____ |
| Communicable Diseases <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:<br><br><br>   |
| Limitations to Physical Activity <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:<br><br><br>  |
| Behavioral Health Issues/Mental Health Diagnosis <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:<br><br><br>                            |

I have examined the above named individual and reviewed his/her medical history. It is my opinion that he/she is medically cleared to serve as a foster parent or reside as a household member in a home where foster children are present. Yes No

Physician's, Physician Assistant's, Nurse Practitioner's Signature: \_\_\_\_\_

Print Name of Physician, PA or NP (circle applicable title): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

# Staff Medical Report

(To be completed by all staff and placed on file within 60 days of initial employment)

**NAME** \_\_\_\_\_  
Last First Middle

**HOME ADDRESS** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

## **TO BE COMPLETED BY THE PHYSICIAN:**

Some lifting of young children and some picking up and moving of furniture and equipment may be required. Since we are vitally involved with the wholesome emotional growth of the child, we require good mental and physical health of our employees.

Does this applicant have any physical condition which would limit their work with children? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is this applicant currently under treatment which would preclude their work with children? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is this applicant currently under treatment for any specific condition? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is this applicant currently taking any medication that would affect his/her work with children? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

In your opinion, is this applicant emotionally and physically capable to care for children on a daily basis?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Date of Examination**

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Address**

# Equal Employment Opportunity is

# THE LAW

## **Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations**

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

### **DISABILITY**

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

### **AGE**

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

### **SEX (WAGES)**

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

## **GENETICS**

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

## **RETALIATION**

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

## **WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED**

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected: The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at [www.eeoc.gov](http://www.eeoc.gov) or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at [www.eeoc.gov](http://www.eeoc.gov).

## **Employers Holding Federal Contracts or Subcontracts**

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

### **INDIVIDUALS WITH DISABILITIES**

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

## **DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS**

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

## **RETALIATION**

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at [OFCCP-Public@dol.gov](mailto:OFCCP-Public@dol.gov), or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

## **Programs or Activities Receiving Federal Financial Assistance**

## **RACE, COLOR, NATIONAL ORIGIN, SEX**

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

## **INDIVIDUALS WITH DISABILITIES**

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

# This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at [www.justice.gov/crt/osc](http://www.justice.gov/crt/osc).

## E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

**888-897-7781**

**[www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify)**

### NOTICE:

**Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.**



**E-VERIFY IS A SERVICE OF DHS AND SSA**

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.



# IF YOU HAVE THE RIGHT TO WORK



## DON'T LET ANYONE TAKE IT AWAY

If you have the skills, experience, and legal right to work, your citizenship or immigration status shouldn't get in the way. Neither should the place you were born or another aspect of your national origin. A part of U.S. immigration laws protects legally-authorized workers from discrimination based on their citizenship status and national origin. You can read this law at [8 U.S.C. § 1324b](#).

The **Immigrant and Employee Rights Section (IER)** may be able to help if an employer treats you unfairly in violation of this law.

The law that IER enforces is 8 U.S.C. § 1324b. The regulations for this law are at 28 C.F.R. Part 44.

Call IER if an employer:

Does not hire you or fires you because of your national origin or citizenship status (this may violate a part of the law at 8 U.S.C. § 1324b(a)(1))

Treats you unfairly while checking your right to work in the U.S., including while completing the [Form I-9](#) or using [E-Verify](#) (this may violate the law at 8 U.S.C. § 1324b(a)(1) or (a)(6))

Retaliates against you because you are speaking up for your right to work as protected by this law (the law prohibits retaliation at 8 U.S.C. § 1324b(a)(5))

The law can be complicated. Call IER to get more information on protections from discrimination based on citizenship status and national origin.

### Immigrant and Employee Rights Section (IER)

1-800-255-7688

TTY 1-800-237-2515

[www.justice.gov/ier](http://www.justice.gov/ier)

[IER@usdoj.gov](mailto:IER@usdoj.gov)



U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, January 2019

*This guidance document is not intended to be a final agency action, has no legally binding effect, and has no force or effect of law. The document may be rescinded or modified at the Department's discretion, in accordance with applicable laws. The Department's guidance documents, including this guidance, do not establish legally enforceable responsibilities beyond what is required by the terms of the applicable statutes, regulations, or binding judicial precedent. For more information, see "Memorandum for All Components: Prohibition of Improper Guidance Documents," from Attorney General Jefferson B. Sessions III, November 16, 2017.*





# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

## REQUESTING LEAVE

## EMPLOYER RESPONSIBILITIES

## ENFORCEMENT

For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**[www.dol.gov/whd](http://www.dol.gov/whd)**

U.S. Department of Labor | Wage and Hour Division

