

## APPLICATION FOR EMPLOYMENT

This application will be considered current for 60 days.

In compliance with federal and state employment opportunity laws, all qualified applicants will be considered for all positions without regard to race, color, religion, ethnicity, gender, national origin, age, sex, marital status, disability, veteran status, or sexual orientation.

Date of Application:	Positions(s) Applied For:	Date Available for Work:
Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Agency <input type="checkbox"/> Other		Available for Work <input type="checkbox"/> Full Time <input type="checkbox"/> Evenings <input type="checkbox"/> Part Time <input type="checkbox"/> Weekends
Name (Last, First, Middle)		Social Security Number
Address (Street, City, State, Zip Code)		Home Phone #: Work Phone #: Email Address:

Are You Over 18 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Been Employed Here Before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give prior dates of employment:
Have you been convicted of a crime in the past 7 years or are there any felony charges pending against you?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, describe in full, including date(s). A conviction record will not necessarily bar you from employment.
Have you ever been dismissed or asked to resign from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain fully.
Did any dismissal or requested resignation involve child abuse, neglect, or any act of aggression? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain fully.

REFERENCES (List 3 <b>professional</b> references other than relatives)			
Name	Occupation	Address	Phone
Name	Occupation	Address	Phone
Name	Occupation	Address	Phone

## EMPLOYMENT EXPERIENCE

Resume Attached \_\_\_ yes \_\_\_ no  
 May we contact your current employer \_\_\_ yes \_\_\_ no \_\_\_ please wait until I am a finalist

List the last three positions you have held beginning with your present or most recent job including phone numbers.

<b>EMPLOYER'S NAME</b>		<b>POSITION</b>		<b>DUTIES?</b>
ADDRESS		DATE HIRED	STARTING RATE	
PHONE NO.	SUPERVISOR	DATE LEFT	ENDING RATE	WHY DID YOU LEAVE?
<b>EMPLOYER'S NAME</b>		<b>POSITION</b>		<b>DUTIES?</b>
ADDRESS		DATE HIRED	STARTING RATE	
PHONE NO.	SUPERVISOR	DATE LEFT	ENDING RATE	WHY DID YOU LEAVE?
<b>EMPLOYER'S NAME</b>		<b>POSITION</b>		<b>DUTIES?</b>
ADDRESS		DATE HIRED	STARTING RATE	
PHONE NO.	SUPERVISOR	DATE LEFT	ENDING RATE	WHY DID YOU LEAVE?

## EDUCATION AND TRAINING

Type of School	Name and Location of School	Major	Degrees	Circle Last Year Completed
High School			Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	9 10 11 12
College				1 2 3 4
Graduate School				1 2 3 4

## Licenses and Certifications

License/Certification	Issuing Body	Expiration Date

## **Certification**

I hereby declare that the information provided by me in this application, my resume or by personal interview is true, correct and complete to the best of my knowledge. I understand that if B & D Behavioral Health employs me any misstatement or omission of fact on this application shall be cause for dismissal. I authorize B & D Behavioral Health to obtain investigative reports containing information as to my character, personal characteristics, and work experience and to conduct reference checks, with former employers or other persons named in this application, for the purposes of providing the Company with any relevant information required for employment. I release all persons contacted by B & D Behavioral Health during the hiring process from any liability for any damage whatsoever resulting from giving the company any lawful information. Should B & D Behavioral Health employ me I authorize its representatives to furnish information regarding my employment at the Company if such information is requested in the future. I release B & D Behavioral Health and its representatives from any liability for any damage whatsoever resulting from furnishing this information.

I understand and acknowledge that if employed, my employment with B & D Behavioral Health will be "at will", meaning that either I or B & D Behavioral Health may terminate my employment at any time for any reason or no reason, unless the "at will" arrangement is modified by a written agreement signed by both myself and the President of B & D Behavioral Health I acknowledge that I do not rely and have not relied on any representations or statements made by B & D Behavioral Health or any of its agents or representatives, whether oral or written, that are inconsistent with, or differ in any way from, the statements presented in this application. I understand that no agent or representative of B & D Behavioral Health, other than the President, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement, or assurances contrary to the "at will" nature of the employment relationship. I also understand that this application is not a contract of employment.

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Signature of Applicant

Date

**AUTHORITY FOR RELEASE OF INFORMATION  
State Access Only  
Name Check Access**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with B AND D BEHAVIORAL HEALTH SERVICES pursuant to DHHS-LONG TERM - STATE AND FED - NCGS 122C-80B/131D-40A A1/131D-40A A1.

(type or print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, 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. I further understand that the above named agency cannot provide a HARD COPY of the results of this criminal history record check to me.

\*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

Applicant's/Employee's/Volunteer's Signature

\_\_\_\_\_  
Date

This form must be maintained on file with the above named agency for one year. UPON COMPLETION OF THIS FORM, MAIL A PHOTOCOPY TO THE ADDRESS INDICATED BELOW:

State Bureau of Investigation  
Criminal Information and Identification Section  
Attn: Applicant Unit  
Post Office Box 29500  
Raleigh, North Carolina 27626-0500

**ORI # HCP000268 - B AND D BEHAVIORAL HEALTH SERVICES**

HCP000268

