

**BEHAVIORAL SERVICES, INC.**  
2342 South Main Street, Mt. Airy, NC 27030  
336-719-1686

## APPLICATION FOR EMPLOYMENT

*\*Behavioral Services, Inc provides equal opportunity and treatment regardless of race, color, national or ethnic origin, age, gender, religion, disability, artificial barrier or any other legally protected status.*

**Date of Application:** \_\_\_\_\_

**PERSONAL INFORMATION:**

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

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Telephone Number(Home) Alternate Telephone Number Email Address

\*Have you ever used another last name in which your education or employment records are filed? Yes No  
If yes, give name \_\_\_\_\_

**EMPLOYMENT DESIRED:**

\_\_\_\_\_  
Position Desired Date You Can Start Salary Desired

What days and times would you be available to work? \_\_\_\_\_

**EDUCATION:**

\_\_\_\_\_  
Name and Location of School(s)

\_\_\_\_\_  
Diploma/Degree Describe Course of Study

Please describe any specialized training, licenses, certifications, and skills, including dates and sources of issuance:

**ADDITIONAL INFORMATION:**

Can you travel if the job requires it? \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

If so, may we contact your present employer? \_\_\_\_\_

Have you ever been convicted of a crime (misdemeanor or felony) other than a minor traffic violation? \_\_\_\_\_

A conviction includes a plea, verdict or finding of guilt, regardless of whether sentence is imposed by the court.

Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction or guilty plea will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying. However, failure to disclose such information may result in disqualification on your application or termination of employment.

If yes, explain \_\_\_\_\_

**EMPLOYMENT EXPERIENCE:**

Start with your present or last job. This section must be completed even if you are attaching a resume.

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Employer	Address	Telephone Numbers
Job Title	Supervisor	Reason for Leaving
Dates Employed (from/to)	Hourly Rate/Salary	
Worked Performed		

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Dates Employed (from/to)	Hourly Rate/Salary	
Worked Performed		

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**APPLICANT'S STATEMENT:**

I certify that answers herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that a health registry check will be performed in combination with State Bureau Investigation check and DMV check as a condition of employment. I also understand that I am required to abide by all rules and regulations of the employer.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

My signature below authorizes Behavioral Services, Inc. to check past employment references to help evaluate me as a potential employee. I understand that Behavioral Services, Inc. may obtain information about my character, my general reputation, and personal characteristics, and that this information may be obtained, in part through personal interviews with friends, neighbors and associates, as well as any employer or their representative listed above.

Applicants will be required to provide name, telephone numbers, and addresses of professional references. Your signature on this application releases the reference from any damage which might result from furnishing personal employment information.

The Behavioral Services Incorporated Drug Free Workplace Policy requires all employees to report to work in a substance-free condition. In compliance with this policy,

I hereby acknowledge that if I am hired, I may be required to undergo a drug screening by urinalysis. Further, I acknowledge that refusal to do so, or a drug-positive result may be grounds for termination.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Please identify 3 individuals who can verify your professional experience.**

**Applicant Name:** \_\_\_\_\_

**If previous employment under another name, please print your former name.** \_\_\_\_\_

1) Reference Name: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Place of Business: \_\_\_\_\_ Title: \_\_\_\_\_ Work Number: \_\_\_\_\_

2) Reference Name: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Place of Business: \_\_\_\_\_ Title: \_\_\_\_\_ Work Number: \_\_\_\_\_

3) Reference Name: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Place of Business: \_\_\_\_\_ Title: \_\_\_\_\_ Work Number: \_\_\_\_\_

**I hereby authorize Behavioral Services, Inc. to contact the aforementioned organization or individual to aid Behavioral Services, Inc. in determining my suitability for employment. Additionally, I release those individuals and/or organizations from all liability whatsoever for issuing the requested information.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

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**Office Personnel**

**Reference #1:** In what capacity have you known the applicant? \_\_\_\_\_ How long? \_\_\_\_\_

What position did they hold? \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Would you rehire: **Y/N** \_\_\_\_\_

If no explain: \_\_\_\_\_

Would you recommend them for this position? **Y/N** \_\_\_\_\_ Would you entrust the care of your child or loved one with this applicant? **Y/N** \_\_\_\_\_

- ✓ Evaluation: \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Unknown \_\_\_\_\_
1. Dependability
  2. Attendance
  3. Quality of Performance
  4. Cooperation

Comments: \_\_\_\_\_

**Reference #2:** In what capacity have you known the applicant? \_\_\_\_\_ How long? \_\_\_\_\_

What position did they hold? \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Would you rehire: **Y/N** \_\_\_\_\_

If no explain: \_\_\_\_\_

Would you recommend them for this position? **Y/N** \_\_\_\_\_ Would you entrust the care of your child or loved one with this applicant? **Y/N** \_\_\_\_\_

- ✓ Evaluation: \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Unknown \_\_\_\_\_
5. Dependability
  6. Attendance
  7. Quality of Performance
  8. Cooperation

Comments: \_\_\_\_\_

**Reference #3:** In what capacity have you known the applicant? \_\_\_\_\_ How long? \_\_\_\_\_

What position did they hold? \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Would you rehire: **Y/N** \_\_\_\_\_

If no explain: \_\_\_\_\_

Would you recommend them for this position? **Y/N** \_\_\_\_\_ Would you entrust the care of your child or loved one with this applicant? **Y/N** \_\_\_\_\_

- ✓ Evaluation: \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Unknown \_\_\_\_\_
9. Dependability
  10. Attendance
  11. Quality of Performance
  12. Cooperation

Comments: \_\_\_\_\_

\_\_\_\_\_  
**Office Personnel Signature/Title**

\_\_\_\_\_  
**Date**

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

I authorize the North Carolina Department of Public Safety 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 BEHAVIORAL SERVICES INC 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 # HCPCAR754 - BEHAVIORAL SERVICES INC**

HCPCAR754





**CRIMINAL RECORDS and BACKGROUND RELEASE  
AUTHORIZATION and DISCLOSURE**

**COMPANY OR ORGANIZATION:** \_\_\_\_\_

I, \_\_\_\_\_  
 FIRST NAME MIDDLE NAME LAST NAME (Please include Jr., Sr., II, III, etc.)

understand that UNIQUE BACKGROUND SOLUTIONS will seek and obtain consumer reports / investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, whichever are applicable, but are not limited to verification of Social Security Number, names and dates of previous/current employment, work experience, professional and personal references, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, OFAC/Patriots Act, any sanction lists, and drug testing. I understand and authorize that these records may be used for the eligibility and qualification of my employment/contract/volunteering. I hereby authorize, without any reservation, the full release of these records and information for UNIQUE BACKGROUND SOLUTIONS and/or its designated agents or representatives to conduct the searches and investigations and to provide copies of said investigations to my potential employer/organization. I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. This authorization and consent shall be valid in original, fax, or copy form.

I also authorize the full release of the information described above, without any reservation, throughout any duration of time with this organization. I also certify that all information provided below or on my resume and employment application is correct to the best of my knowledge. Any false statements provided on this form, my resume or employment application will be considered just cause for the termination of employment at any time. Upon request, UNIQUE BACKGROUND SOLUTIONS will supply a copy of my reports and my rights under the FCRA. Requests may be directed to: UNIQUE BACKGROUND SOLUTIONS PO Box 1604, Mt. Airy, NC 27030 or by phone at: (336) 786-7030

CHECK THIS BOX if you are applying for work with a California, Minnesota or Oklahoma-based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5, 1786.16(a)(5)(b)(1), & 1786.22; MN Code 13C Subdivision 2; OK Code 24 O.S. §148. Background screening information may be obtained through UNIQUE BACKGROUND SOLUTIONS. For information on UNIQUE BACKGROUND SOLUTIONS's privacy policies, visit their website at <http://www.UniqueBackground.com>

Responses to the following questions are completely voluntary. You need not respond to have your application considered. However, law enforcement agencies and other entities, for positive identification purposes, require the following information when checking public records. It is confidential and will not be used for any other purposes.

Please Print Clearly

FIRST NAME	MIDDLE NAME	LAST NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (Month/Day/Year)	PLEASE CIRCLE ONE	RACE
		MALE OR FEMALE	

Alias/Maiden/Previous Name(s) Use the back of this form if more space is needed.

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED

List all addresses, including current address, for the past 7 years. Use the back of this form if more space is needed.

ADDRESS, CITY and STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

Complete if applying for a position that may involve driving a motor vehicle.

DRIVER'S LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**You will need to bring the following items with you on the first day of training:**

1. Valid Drivers License
2. Valid Social Security Card
3. Proof of Automobile Liability Insurance-this must be the declaration page that shows the limits of liability and the dates of coverage. Every time it is renewed this is to be turned in to the Human Resources Director.
4. Registration card for the car you will be driving to work.
5. G.E.D. OR High School **official** transcript are **required**.
6. If the employee is a C.N.A we ask for a copy of the licensure from the North Carolina Registry.

**If you do not have the above items with you when you arrive for training you will not be allowed to participate in training that day and will have to reschedule.**

Before starting work employees **must** have a **tb test**. This is to be completed at the Occupational Health Office at Northern Surry Hospital. The cost is \$15.00. The employee is required to pay for this but will be reimbursed after 60 days of employment. Employees also have to complete a **pre-employment drug screening**-Behavioral Services pays for the cost of it.

Please also be aware that employees are paid for their training time after 60 days of **active employment**.