

EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Date: _____

Name _____
Last First Middle Maiden

Telephone: (Home): _____ (Cell): _____

Email Address: _____ SS #: _____

Present Address _____
Street City State Zip Code

<u>Job(s) Applied For:</u>	<u>Position</u>	<u>Rate of pay expected / hr.</u>

How did you learn of this opening? _____

If referred to Mecklenburg Open Door by a current employee, give one name: _____

Do you want to work: [] Full Time or [] Part Time. Specify days and hours if part time _____

Have you worked for us before? _____ If yes, when? _____

List any friends or relatives working for us _____

If hired, on what date will you be able to start work? _____

Do you have a reliable means of transportation to get to work? _____

Do you have a valid driver's license? _____

EMERGENCY CONTACT	NAME	PHONE NUMBER	ADDRESS

EDUCATION – School/Credential Information is verified. You may be asked to provide copies of your degree or credentials.

TYPE OF SCHOOL	NAME, ADDRESS & PHONE	DATES COMPLETED	DEGREE & MAJOR
GRAMMAR OR GRADE			
HIGH SCHOOL			
COLLEGE			
POST-GRADUATE			
BUSINESS OR TRADE			
OTHER			

MILITARY

Have you ever served in the armed forces? Yes No. If yes, what branch? _____

Dates of duty: _____ Rank at discharge: _____

What were your duties in the Service (include special training): _____

PERSONAL REFERENCES	NAME/OCCUPATION	PHONE NUMBER	ADDRESS
(Excluding former employers or relatives) – List at least two.			

CRIMINAL BACKGROUND

Have you ever been convicted, or are you currently charged with the commission of any crime, including traffic violations in this state or elsewhere?

Yes No

If yes, describe in full _____

EMPLOYMENT EXPERIENCE [LIST IN ORDER, MOST RECENT FIRST]

EMPLOYER	DATES EMPLOYED		DESCRIBE YOUR DUTIES
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER	HOURLY PAY RATE		
JOB TITLE	SUPERVISOR		
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? [] YES [] NO		

EMPLOYER	DATES EMPLOYED		DESCRIBE YOUR DUTIES
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER	HOURLY PAY RATE		
JOB TITLE	SUPERVISOR		
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? [] YES [] NO		

EMPLOYER	DATES EMPLOYED		DESCRIBE YOUR DUTIES
	FROM	TO	
ADDRESS			
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REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? [] YES [] NO		

EMPLOYER	DATES EMPLOYED		DESCRIBE YOUR DUTIES
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER	HOURLY PAY RATE		
JOB TITLE	SUPERVISOR		
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? [] YES [] NO		

SUPPLEMENTAL INFORMATION

Please indicate below the status of your current certifications for each of these items. You will be required to submit certified copies of these certifications prior to employment.

Certification	Date It Expires	Need It	Comments
Adult CPR		[]	
Blood Borne Pathogen Training		[]	
First Aid		[]	
Medication Administration		[]	

Please list below any additional certifications that you have received related to services for adults with mental illness:

Why do you want to work with adults with mental illness?

Why do you want to work with Mecklenburg Open Door?

What languages do you speak? _____

OUR RECOVERY PHILOSOPHY

Mecklenburg Open Door endorses a philosophy of **MENTAL HEALTH RECOVERY**. We believe that mental illness is not a chronic state in which stability is the basic outcome of our efforts. Instead, the model of recovery opens up the door for an individual to achieve multiple outcomes, despite their mental illness.

We expect our employees to follow our recovery philosophy by embracing these core values:

Agency Recovery Core Values

- We honor all of our clients;
- We accept them as they are and as unique, special individuals;
- We remind them that there are no limits to anyone's recovery;
- We give them a sense of hope;
- We validate their experiences;
- We treat them with dignity, compassion, respect and unconditional high regard;
- We give each person choices and options, not final answers; and
- We support the concept that each person is the expert on themselves.

***BE PREPARED TO DISCUSS WITH THE INTERVIEWER YOUR ABILITY
TO EMBRACE THESE CORE VALUES***

PLEASE SIGN BELOW:

I understand that, if hired, I will be expected to follow the Mecklenburg Open Door Recovery Core Values and to protect each client's rights. I understand that I may need to learn more and/or different ways of interacting with clients to make sure that I follow the treatment philosophy of Mecklenburg Open Door at all times.

Signed: _____

Date: _____

JOB APPLICANT'S AGREEMENT, CERTIFICATION AND RELEASE

PLEASE READ CAREFULLY

As part of my application for employment at Mecklenburg Open Door, I authorize and consent to the release of any information of any nature concerning me including, but not limited to, my present or previous employment, educational records, credit verification, personal and professional references, credential verification, **information concerning my driver's license and driving record, any criminal record checks**, drug screening information, a pre-employment physical (when appropriate) and any other similar data.

I authorize the giving of any such information to the employees and agents of Mecklenburg Open Door, and I authorize all of my employers, my reference individuals and any other entities which have information about me to respond to any question and to provide all oral or written information concerning me. Mecklenburg Open Door may use a copy of this authorization as deemed necessary, which copy shall operate as if it were an original.

I certify that the responses and statements on this application are true, correct and complete to the best of my knowledge. I understand that any false or misleading statements on this application may be cause for denial or termination of employment.

I understand that any offer of employment is conditional upon results satisfactory to Mecklenburg Open Door of the screening, record checks and investigations listed above in the first paragraph.

I understand that Mecklenburg Open Door has broad discretion whether or not to hire me. I agree that, if hired, my employment will be "at will" for no definite period, and may be terminated at any time by either me or Mecklenburg Open Door. In addition, I understand that Mecklenburg Open Door has the right to change, modify or terminate its personnel policies, practices, benefits and other terms of employment, at any time.

I release Mecklenburg Open Door, its agents, and all entities who provide information as a result of this agreement, from all liability of any nature arising out of the disclosure, use, or review of any information given as a result of this agreement.

Name of Applicant / Maiden Name

Date

Signature of Applicant

Social Security Number

Driver's License State and #

Current Address

AN EQUAL OPPORTUNITY EMPLOYER

Mecklenburg Open Door does not discriminate on the basis of race, color, national origin, age, religion, veteran status, or sex; and it will comply with all applicable state discrimination laws. No person shall be denied employment solely because of any disability, which is unrelated to the ability to engage in the essential functions involved in the position for which application has been made either with or without reasonable accommodations.

AUTHORITY FOR RELEASE OF INFORMATION
STATE ACCESS ONLY

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a North Carolina criminal history record information check in connection with my application for employment, my employment or volunteer services with

pursuant to N.C.G.S. 114-19.3, 131D-40 or 131E-265.

(Print or Type)

Last Name	First	Middle	Maiden
_____	_____	_____	_____

Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named Health Care Provider, 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 Health Care Provider 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 request form must be accompanied with a transmittal letter from the Authorized Official or Individual requesting criminal history record information. This request must be mailed to:

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

**ORI # HCPCAR962 - MECKLENBURG OPEN
DOOR, INC**

FINGERPRINT CARD CHECK - \$14.00 _____
NAME CHECK - \$10.00 _____

RETURN ALL NINE PAGES OF APPLICATION TO:

MECKLENBURG OPEN DOOR, INC.

P.O. BOX 668266

CHARLOTTE, NC 28266-8266

FAX: (704) 525-0949

WEB: www.mecklenburgopendoor.org

EMAIL: hr@mecklenburgopendoor.org

OFFICE USE ONLY:

Reference Check Notes:

Interview Notes:

Credential / School Notes:

Disposition Notes:
