APPLICATION FOR EMPLOYMENT
ADVANTAGE BEHAVIORAL HEALTHCARE, INC.

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR EMPLOYMENT WITH ADVANTAGE BEHAVIORAL HEALTHCARE, INC., YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

ADVANTAGE BEHAVIORAL HEALTHCARE, INC. EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.

APPLY FOR ONE VACANCY PER APPLICATION.

GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY (“SEE RESUME” IS NOT ACCEPTABLE).

LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.

CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN ADVANTAGE BEHAVIORAL HEALTH CARE, INC. ADVANTAGE WANTS TO FIND THE BEST-QUALIFIED PEOPLE AVAILABLE TO PROVIDE SERVICES TO ITS CLIENTS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION. APPLICATIONS WILL BE KEPT ON FILE FOR SIX MONTHS.

Equal Opportunity Information

Advantage Behavioral Healthcare, Inc.’s policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of jobs. The information requested below will in no way affect you as an applicant.

Date of Birth

____

(Month) (Day) (Year)

Gender

☐ Male ☐ Female

DISABILITY: “Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment” (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

ETHNIC GROUP

1. ☐ White (non-Hispanic)
2. ☐ Black (non-Hispanic)
3. ☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. ☐ Asian (including Pacific Islander)
5. ☐ American Indian (including Alaskan native)

A ☐ None/Prefer not to report
B ☐ Blind or severely visually impaired
C ☐ Deaf or severely hearing impaired
D ☐ Loss of limited use of arms and/or hands
E ☐ Non-ambulatory (must use wheelchair)
F ☐ Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, etc.)

G ☐ Respiratory impairment
H ☐ Nervous system/Neurological disorder
I ☐ Mentally restored
J ☐ Mental retardation
K ☐ Learning disability
L ☐ Others (heart disease, diabetes, speech impairment)
M ☐ Other (please specify)

____

NAME ______________________________________ **DATE** _____/_____/_____

APPLICATION FOR EMPLOYMENT

ADVANTAGE BEHAVIORAL HEALTHCARE, INC.

Date of Application

Social Security Number	Last Name	First Name	Middle Name

Address (Street number and name)	City	County

State	Zip Code	Phone (Home or where you can be reached)	Business Phone

Are you related by blood or marriage to any person now working for Advantage Behavioral HealthCare, Inc?
☐ YES ☐ NO

If yes, Location:

CHECK the types of work you will accept: ☐ 1. Permanent full-time ☐ 2. Permanent part-time ☐ 3. Temporary full-time ☐ 4. Temporary part-time
☐ 5. Any of the preceding ☐ 6. Work involving Travel ☐ 7. Shift or Split Shift Work

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.)____________________

Will you accept work anywhere in N.C.? ☐ YES ☐ NO (If no, list below the counties in which you would be willing to work.)

1. 2. 3. 4. 5.

Jobs Applied For

Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.
1. 2. 3.

Referral Source

Please indicate your referral source: ____________________

If you were referred by the Employment Security Commission (Job Service) please indicate which local office: ____________________

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES ☐ NO ☐			
College(s) University (s)			YES ☐ NO ☐			
Graduate or Professional			YES ☐ NO ☐			
Other educational, vocational school, internships, etc.			YES ☐ NO ☐			

Special training programs and seminars you have completed in the last five years (list):

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Current professional status: (List fields of work for which you have been registered)

Registration: ____________________ State: ____________________ No.__________

Registration: ____________________ State: ____________________ No.__________

Membership in professional, honorary, or technical societies (list):

Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

CHECK the following skills, experiences, etc., which you have:

☐ Driver's License ________ Number State	☐ Sign Language	☐ Legal transcription
☐ Chauffeur's License ________ Number State	☐ Foreign language (specify) ________	☐ Medical transcription
☐ Car for use at work	☐ Adding Machine/calculator	☐ Braille
	☐ Typing (specify WPM) ____	☐ Word Processing
	☐ Shorthand/speedwriting (specify WPM) ____	☐ Other ________

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) ☐ YES ☐ NO (If yes, explain fully on an additional sheet.)

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary $ per	Ending or Current Salary $ per	Reason for Leaving	May We Contact Employer YES ☐ NO ☐
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary $ per	Ending or Current Salary $ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
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Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. I authorize Advantage Behavioral Healthcare to perform a criminal background check as well as a Department of Motor Vehicle check, and Healthcare Registry check. I also understand that Advantage Behavioral Healthcare is a DRUG FREE workplace and that I may be subject to random Drug Tests and agree to abide by a Drug Free Workplace policy.

Signature of Applicant (unsigned applications will not be processed) **Date**

CANNOT BE E-MAILED. MUST BE SIGNED AND SUBMITTED NON-ELECTRONICALLY

Reference Check Form

I, ___________________________hereby give permission for Advantage Behavioral Healthcare, Inc. to contact person/company below to obtain a reference check. I understand this information will be used to verify my work habits as well as any dates of employment.

____________________________	_________________	__________________________
Name of company/contact person	Phone number	Dates of employment
____________________________	__________________	
Signature of applicant	Date	

Good morning, this is __________________________________ with Advantage Behavioral Healthcare, Inc. (Applicant's name) gave us your name and I would like to ask you a few questions. Do you have a few minutes? (If not schedule a time to call back).

How long have you known applicant? ____

In what capacity do you know applicant? ____

Can you confirm applicant's dates of employment? ____

What were applicant's weaknesses? ____

____

****
How would you rate the following?

Knowledge of job/work skills:	Above	Average	Below Average
Willingness to complete job duties:	Above	Average	Below Average
Attendance:	Above	Average	Below Average
Ability to get along with others:	Above	Average	Below Average

Reason applicant left employment: ____

Would you rehire? ____

____
Additional Comments
____
____

Person completing reference check: ____

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Ability to get along with others:	Above	Average	Below Average

Reason applicant left employment: ____

Would you rehire? ____

____
Additional Comments
____
____

Person completing reference check: ____

Advantage Behavioral Healthcare, Inc.
Whiteville, North Carolina 28472

REQUEST FOR MOTOR VEHICLE REPORT AND CRIMINAL RECORD REPORT

TO: ___ First Advantage |Enterprise Advantage_______________________________________

FROM: Advantage Behavioral Healthcare, Inc.

DATE: _______________________

The applicant/employee listed below has either applied for employment or is an employee of Advantage Behavioral Healthcare, Inc. Verification of the applicant's/employee's driving record and Criminal record for the previous seven (7) years is required.

The applicant/employee information is:

Name: ____

Address: ____

Driver's License Number: _______________________ State: ______________________

Date of Birth: _________________________________

Permission to request Motor Vehicle Record and Criminal Record Report

I, ____, am giving permission for a Motor Vehicle Report and Criminal Record Report to be obtained now and in the future as needed during my employment with Advantage Behavioral Healthcare, Inc. I understand that this information is to be used for the purpose of employment only.

____ ________________________

Signature Date

____

Witness

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