

PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE

EMPLOYMENT APPLICATION FORM

**Triad Therapy Mental Health
Center, LLC**

**APPLICATION FOR EMPLOYMENT
PLEASE COMPLETE PAGES 1-9**

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ Date of Birth _____

If under 18, please list age _____

Position applied for _____ Days/hours available to work
 Salary desired _____ No Prefer _____ Thur _____
 (Be specific) Tue _____ Fri _____
 Wed _____ Sat _____
 Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL OR PART-TIME

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|--|---------------------------|----------------|
| High School | | | | |
| College | | | | |
| Bus. or Trade School | | | | |
| Professional School | | | | |

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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Have you lived in the state of North Carolina for the past five (5) years? _____ Yes _____ No

If no, please list the states that you have resided: _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

| | | | | | | | |
|-------------------|------------------------------|------------------------------|--------|------------------------------|-----------------|------------------------------|-----------|
| Typing | <input type="checkbox"/> Yes | _____ WPM | 10-key | <input type="checkbox"/> Yes | Word Processing | <input type="checkbox"/> Yes | _____ WPM |
| | <input type="checkbox"/> No | | | <input type="checkbox"/> No | | <input type="checkbox"/> No | |
| Personal Computer | <input type="checkbox"/> Yes | PC <input type="checkbox"/> | Other | _____ | | | |
| | <input type="checkbox"/> No | Mac <input type="checkbox"/> | Skills | _____ | | | |

Please list two references other than relatives or previous employers.

| | |
|---------------------|---------------------|
| Name _____ | Name _____ |
| Position _____ | Position _____ |
| Company _____ | Company _____ |
| Address _____ | Address _____ |
| _____ | _____ |
| Telephone () _____ | Telephone () _____ |

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| | | | |
|--|-------------------------|------------------|----------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your last job title | | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| | | | |
|--|-------------------------|------------------|----------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
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Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Triad Therapy Mental Health Center, LLC. (Hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Triad Therapy Mental Health Center, LLC or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Triad Therapy Mental Health Center, LLC. Health Care may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Triad Therapy Mental Health Center, LLC

Reference Release Form

I HEREBY AUTHORIZE TRIAD THERAPY MENTAL HEALTH CENTER, LLC TO VERIFY ANY AND ALL INFORMATION CONCERNING MY PREVIOUS/CURRENT EMPLOYER.

APPLICANT SIGNATURE

DATE

SOCIAL SECURITY NUMBER

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY TRIAD THERAPY MENTAL HEALTH CENTER, LLC PERSONNEL FOR VERIFICATION OF PREVIOUS/CURRENT EMPLOYER BY EITHER:

() PHONE INTERVIEW OR () MAILING TO EMPLOYER.

EMPLOYER NAME:

TELEPHONE #:

DATES OF EMPLOYMENT:

POSITION(S) HELD:

IS APPLICANT ELIGIBLE FOR REHIRE? ____ YES ____ NO

COMMENTS:

SIGNATURE _____ DATE _____

TITLE _____ AGENCY _____

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COMMENTS:

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Triad Therapy Mental Health Center, LLC

Availability Form

Please complete this form to help us determine the best schedule and location for you and your client.

1. List all languages you can speak, read, or write including sign language:

2. Are there specific conditions in which you would feel uncomfortable working?

Please explain:

3. What hours and days can you work? Be specific: _____

4. Total hours requested per week: _____

5. If you are currently employed, please list your work schedule (shift, days, etc):

6. How far are you willing to travel to work with a client? _____

7. Do you have reliable transportation? yes no

8. Are you willing to transport a client, if needed? yes no

9. Are you willing to work multiple clients? yes no

10. Are you willing to work on an as needed basis? yes no

11. Additional information you feel would be helpful: _____
