



Employment Application

Position applying for: _____	Work Status (full-time, part-time, PRN). _____
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General Information

Name (Last, First, Middle Initial)		Social Security No.	Date of Birth
Mailing Address	City	State	Zip Code
Home Phone No.	Cell/Other Phone No.	Email Address	

Can you provide proof, if hired, that you are eligible to work in the United States? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
 If yes, please explain: _____
 (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)

How did you learn about this opening? _____

Do you have any health conditions or physical limitations that would prevent you from performing physical interventions or any other tasks the position may require? Yes No
 If yes, please explain: _____

Do you have a NC Drivers License? Yes No License No. _____

Have you been a resident of NC for 5 years or more? Yes No

Education and/or Training

Did you graduate from high school or receive a GED Certificate? Yes No

SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	Field		Type of Degree (BS, BA, AA, etc)	Did you graduate? ?	Graduation Date MM/DD/YYYY
	Major	Minor			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Current professional license/certificate/registration (ie LPC, LCAS, CSAC, etc):

Related volunteer experience with MH/SA/DD populations with dates:

Character References:

List name, telephone number, relationship, and years known of one personal and two business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Employment History:

- Start with your current or last job - include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- **ATTACH EXTRA SHEETS** using the same format if you have additional employment history.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Employer	Telephone No.	Supervisor's Name
Type of Business	Address	
Your Job Title	Dates Employed (indicate months & years) From: _____ To: _____	Full-time or Part-time?
Duties:		
Did you work with (please check all that apply): <input type="checkbox"/> Children/Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Mental Health Population <input type="checkbox"/> Substance Abuse Population <input type="checkbox"/> Developmental Disabled Population		
Monthly Salary	Reason for Leaving	

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I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, including national/state criminal background checks, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.

Applicant's Signature

Date

****SUBMIT TO ADMIN@SUNPATHLLC.COM or FAX 704-973-9287****

Equal Opportunity Employer

The Sunpath LLC does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.