

APPLICATION FOR EMPLOYMENT

Life Opportunities Behavioral Health Services

INSTRUCTIONS TO APPLICANTS

YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

Life Opportunities Behavioral Health Services 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 PRECIOUS HAVEN, INC. PRECIOUS HAVEN WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS C. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

Equal Opportunity Information

Life Opportunities Behavioral Health Services 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. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

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)

- | | | |
|--|---|--|
| <p>A <input type="checkbox"/> None/Prefer not to report</p> <p>B <input type="checkbox"/> Blind or severely visually impaired</p> <p>C <input type="checkbox"/> Deaf or severely hearing impaired</p> <p>D <input type="checkbox"/> Loss of limited use of arms and/or hands</p> <p>E <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p>F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p> | <p>G <input type="checkbox"/> Respiratory impairment</p> <p>H <input type="checkbox"/> Nervous system/Neurological disorder</p> <p>I <input type="checkbox"/> Mentally restored</p> <p>J <input type="checkbox"/> Mental retardation</p> <p>K <input type="checkbox"/> Learning disability</p> <p>L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</p> <p>M <input type="checkbox"/> Other (please specify)</p> <p>_____</p> | |
|--|---|--|

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

SKILLS

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

- | | | | | |
|--|--------|-------|---|--|
| <input type="checkbox"/> Driver's License | _____ | _____ | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Legal transcription |
| | Number | State | <input type="checkbox"/> Foreign language (specify) _____ | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Chauffeur's License | _____ | _____ | <input type="checkbox"/> Adding Machine/calculator | <input type="checkbox"/> Braille |
| | Number | State | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Car for use at work | | | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/>
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				
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				
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.

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