



**Residential Treatment Services of Alamance, Inc**

125 Glendale Ave.  
Burlington, NC 27215  
336-227-2994

**APPLICATION FOR EMPLOYMENT**

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**Position applied for** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle Maiden

**Address:** (Street, City, State/Province, Zip Code) \_\_\_\_\_  
\_\_\_\_\_

**Phone:** (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ Would you rather be reached by phone or e-mail? \_\_\_\_\_

**Are you a US Citizen?**  Yes  No **If not, are you authorized to work in the US?** \_\_\_\_\_

**Driver's License:**  Yes  No **State/Province:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Have you completed an application with us before?**  Yes  No If so, give date? \_\_\_\_\_

**Have you been employed with us before?**  Yes  No If so, give date? \_\_\_\_\_

**Are any relatives employed with us?**  Yes  No If so, who? \_\_\_\_\_

**When are you available for work?** \_\_\_\_\_ **What shift(s)?** \_\_\_\_\_

**Have you ever been convicted of a crime?** (including any minor traffic offenses)  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

*An offense does not disqualify you from employment, the nature and timing of the offense will be considered.*

**Have you ever been disciplined, discharged or asked to resign from employment?**  Yes  No

Please provide details (action, date, and circumstances): \_\_\_\_\_  
\_\_\_\_\_

**RTSA works with clients with mental illness, substance use disorder, and other addictions, would these populations create any performance issues for you if you were hired?**  Yes  No

If yes, please explain: \_\_\_\_\_



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**EDUCATION**

**School Name:** \_\_\_\_\_  High School  College/University  Other \_\_\_\_\_

**Location:** \_\_\_\_\_

**Did You Graduate?**  Yes  No **Degree:** \_\_\_\_\_

**School Name:** \_\_\_\_\_  High School  College/University  Other \_\_\_\_\_

**Location:** \_\_\_\_\_

**Did You Graduate?**  Yes  No **Degree:** \_\_\_\_\_

**School Name:** \_\_\_\_\_  High School  College/University  Other \_\_\_\_\_

**Location:** \_\_\_\_\_

**Did You Graduate?**  Yes  No **Degree:** \_\_\_\_\_

**MILITARY SERVICE**

**Are you a veteran?**  Yes  No **Date of entry into active service:** \_\_\_\_\_

**Date of separation from active service:** \_\_\_\_\_ **Type of separation:** \_\_\_\_\_

**CERTIFICATIONS AND LICENSES**

**Type:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **Issuing Entity:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

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**OTHER TRAINING(S)**

List of training (use additional sheet if necessary): \_\_\_\_\_



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**WORK EXPERIENCE** (\*Use additional sheets if needed.)

**Employer 1:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** (Street, City, State/Province, Zip Code) \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Salary:** \_\_\_\_\_  Full-time  Part-time **Hours/Week:** \_\_\_\_\_

**Describe Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**May we contact this employer?**  Yes  No If not, why? \_\_\_\_\_

**Employer 2:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** (Street, City, State/Province, Zip Code) \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Salary:** \_\_\_\_\_  Full-time  Part-time **Hours/Week:** \_\_\_\_\_

**Describe Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**May we contact this employer?**  Yes  No If not, why? \_\_\_\_\_

**Employer 3:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** (Street, City, State/Province, Zip Code) \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Salary:** \_\_\_\_\_  Full-time  Part-time **Hours/Week:** \_\_\_\_\_

**Describe Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**May we contact this employer?**  Yes  No If not, why? \_\_\_\_\_



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**SPECIAL SKILLS**

Summarize any special skills or abilities:

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**REFERENCES (Please provide professional and personal references)**

**Reference Type:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Reference Type:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Reference Type:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_



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**APPLICANT’S STATEMENT**

**1. Certification of Information**

I certify, to the best of my knowledge and belief, that the information given in my application or any related documents truly represents my background and experience. I understand that if I have knowingly misrepresented, omitted, or falsified any of the information, I will be disqualified for employment consideration or dismissed from employment. I understand that all information furnished in my application and all attachments may be verified by Residential Treatment Services of Alamance, Inc. (RTSA) or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give RTSA all information relative to such verification and hereby release such individuals, organizations, and RTSA from any and all liability for any claim or damage resulting therefrom.

**2. At-Will Employment**

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at-will” and without fixed term, and may be terminated at any time, with or without prior notice, at the option of either myself or RTSA.

**3. No Promises of Employment**

No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon RTSA unless made in writing by an authorized Company official.

**4. Medical Examination / Drug Testing**

If I am offered employment, I agree to submit to a medical examination and/or drug test before starting work. If employed, I also agree to submit to a medical examination and/or drug test at any time deemed appropriate by RTSA and as permitted by applicable law. I consent to such examinations and/or tests, and I request that the examining doctor disclose to RTSA the results of the examination, which the company shall keep confidential. I understand that my employment or continued employment, to the extent permitted by applicable law, is contingent upon satisfactory medical examinations and/or drug tests.

**5. Duty to Report Convictions**

I agree to immediately notify RTSA if I should be convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, or violence either while my employment application is pending, or during my employment, if I am hired — including any minor traffic offenses.

**6. Compliance with Drug-Free Workplace Act**

I understand that RTSA is committed to complying with the employment verification requirements under the Immigration Reform and Control Act.



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**7. Background Reports**

I understand that RTSA may obtain consumer and/or investigative reports that will include personal information regarding me including, but not limited to, educational history, work references, driving record, drug testing, and criminal convictions or arrest records if allowed, in order to assist RTSA in making certain employment decisions. I further acknowledge that reports may be provided to RTSA by other firms subcontracted for that purpose. I, my heirs, assigns, and legal representatives, hereby release and fully discharge RTSA, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against RTSA, its parent, affiliates, or subcontractors, arising out of the making, use, or other consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. RTSA agrees to inform me if an employment decision has been influenced by information contained in a consumer report, made at our request, by Castle Branch, Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch, Inc. at (910) 815-3880 or toll-free at (888) 520-0520. RTSA will make available to you a "Summary of Your Rights Under the Fair Credit Reporting Act."

**8. Release of Information**

I understand and agree that RTSA may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences. Notwithstanding any provisions of Federal or State law, I expressly waive any right I may have to review confidential material or information received by Residential Treatment Services of Alamance, Inc. (RTSA) from a previous employer or educational institution.

**9. Motor Vehicle Report Authorization**

I give permission for an MVR to be obtained now and in the future as needed during my employment with RTSA. I understand that this information is to be used for the purpose of employment only.

**Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**10. Work Authorization**

I attest under penalty of perjury, that I am legally authorized to work in the United States.

**11. Acknowledgment**

I certify that I have read, or have had read to me, items 1 through 9. I understand the contents and hereby acknowledge receipt of this information.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_