



Residential Treatment Services of Alamance, Inc.
 P. O. Box 427
 125 Glendale Avenue
 Burlington, NC 27216-0427

APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICANT INFORMATION

Position applied for _____ Date _____

Name _____
 Last First Middle Maiden

Address _____
 Street Apartment Number

City State Zip

Phone
 Cell _____ Work _____ Home _____

Circle the phone to best reach you.

E-Mail _____ Would you rather be reached by phone or e-mail? _____

Are you a US Citizen? _____ If not, are you authorized to work in the US? _____

Do you have a valid driver's license? _____

Have you completed an application with us before? _____ If so, give date? _____

Have you been employed with us before? _____ If so, give date? _____

Are any relatives employed with us? _____ If so, who? _____

When are you available for work? _____ What shift? _____

Have you ever been convicted of a crime (other than a minor traffic offense)? _____

If yes, please provide details (offense, date, disposition, and details of offense). _____

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

Have you ever be disciplined, discharged or asked to resign from employment? _____

Please provide details (action, date, and circumstances). _____

RTSA works with clients with mental illness, alcoholism, and other addictions, would these populations create any performance issues for you if you were hired? _____ If yes, please explain _____

Military Service:

Are you a veteran? _____ If so, date of entry into active service: _____

Date of separation from active service: _____ Type of separation: _____

Education:

	Name and location	Grade Completed	Did you graduate/GED?	Degree
High School	_____	_____	_____	
College	_____	_____	_____	_____
Trade School	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____

Please provide a list of certifications:

Certification	Date Expires	Number	Issuing Identity

Use additional sheet if necessary

Please provide a list of training:

Use additional sheet if necessary

Summarize any special skills or abilities (such as computers and software, machines, language, etc) which you believe may help in your employment with RTSA.

Use additional sheet if necessary

CURRENT AND/OR PAST EMPLOYMENT

May we contact this employer? Yes No Why?

Company or Organization Name	From To	Number Supervised:
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Address	Phone	Salary:
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Title: Beginning/End	Supervisors Name and Title
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Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/> Hours/Week: _____	Describe duties: _____ _____ _____ _____ _____
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Reason for leaving:

May we contact this employer? Yes No Why?

Company or Organization Name	From To	Number Supervised:
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Address	Phone	Salary:
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Title: Beginning/End	Supervisors Name and Title
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Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/> Hours/Week: _____	Describe duties: _____ _____ _____ _____ _____
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Reason for leaving:

CURRENT AND/OR PAST EMPLOYMENT CONTINUED

May we contact this employer? Yes No Why?

Company or Organization Name	From To	Number Supervised:
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Address	Phone	Salary:
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Title: Beginning/End	Supervisors Name and Title
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Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/> Hours/Week: _____	Describe duties: _____ _____ _____ _____ _____ _____
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Reason for leaving:

May we contact this employer? Yes No Why?

Company or Organization Name	From To	Number Supervised:
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Address	Phone	Salary:
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Title: Beginning/End	Supervisors Name and Title
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Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/> Hours/Week: _____	Describe duties: _____ _____ _____ _____ _____ _____
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Reason for leaving:

Use additional sheets if needed.

APPLICANT'S STATEMENT

1. 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. 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 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. 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. 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.
6. I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.
7. I hereby acknowledge that I have been informed by RTSA that they may seek to 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 notification by RTSA 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, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. RTSA agrees 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. collect 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. 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 Freedom House Recovery Center, Inc. from a previous employer or educational institution.
9. 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. I attest under penalty of perjury, that I am legally authorized to work in the United States.
11. 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.

Signature

Date

Print Name



Residential Treatment Services of Alamance, Inc.
P. O. Box 427
125 Glendale Avenue
Burlington, NC 27216-0427

EEO DATA REPORT INFORMATION

Date: _____ Name: _____

Position Applied For: _____

Dear Applicant:

The Residential Treatment Services is an Equal Opportunity Employer and considers applicants for all positions without regard to race, religion, color, political affiliations, disability, national origin, gender or age; except when gender, age or physical condition is a bona fide occupational qualification. We ask applicants to supply the following information in order to satisfy Equal Opportunity reporting and personnel research requirements. However, you do not have to complete this form to be considered for employment. Any information volunteered will be kept confidential and will not be used to make hiring decisions.

This form will be removed prior to being forwarded to the hiring authority.

Race: (Check appropriate box)

- American Indian/Alaskan Native Asian/Pacific Islanders Black/Non-Hispanic
 Hispanic White/Non-Hispanic

Sex: (Check appropriate box)

- Male Female