

# Mountain Area Residential Facilities, Inc. Employment Application

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Social Security Number	Last Name	First Name	Middle Name
Address (Street Number & Name)		City	County
State	Zip Code	Phone (Home or Other)	Business Phone

**Availability**

Check the types of work you will accept:

- Permanent full-time
- Permanent part-time
- Temporary full-time
- Temporary part-time
- Shift or split shift

If you are not available for work currently, please state the date you can begin work. \_\_\_\_\_

How did you find out about the job? \_\_\_\_\_

**Education:**

Schools	Name and Location of School	Graduate? Yes or No	Major/Minor Course Work	Type of Degree
High School				
College/University/ Voc. School/2-year				
Graduate Professional				

List special training programs, seminars, or courses you have completed in the past 5 yr. Which may apply to this job:

\_\_\_\_\_

List fields of work for which you are licensed, registered, or certified. \_\_\_\_\_

**Skills:**

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

- Driver's License
- Car for use at work
- Sign Language
- Foreign Language Specify: \_\_\_\_\_
- Computer Skills
- 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 if necessary)

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**Work History: (Include volunteer experience) Use additional sheets if necessary**

Current or Last Employer:		Address:	
Job Title:	Supervisor Name:	No. Supervised by you:	Phone #:
Date Employed:	Date Separated:	F/T P/T	If P/T list No. of hours worked: May we contact this employer?
Reason for Leaving:			
Duties you Performed:			

Employer:		Address:	
Job Title:	Supervisor Name:	No. Supervised by you:	Phone #:
Date Employed:	Date Separated:	F/T P/T	If P/T list No. of hours worked: May we contact this employer?
Reason for Leaving:			
Duties you Performed:			

Employer:		Address:	
Job Title:	Supervisor Name:	No. Supervised by you:	Phone #:
Date Employed:	Date Separated:	F/T P/T	If P/T list No. of hours worked: May we contact this employer?
Reason for Leaving:			
Duties you Performed:			

Please list three **Professional** references that we may check with. These should be persons that are familiar with your work history and are in a position to evaluate your performance.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Other: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Other: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Other: \_\_\_\_\_

Please list one more personal reference that we may check with. This should be someone that has known you for some time and is in a position to speak for your general character.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Other: \_\_\_\_\_

Please take a minute to write a little about yourself and why you feel you are interested and qualified for this position. Give previous experience if you want, but we would be interested in what it is that you feel you can bring to our organization that we cannot or should not be without.

I certify that all of the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize investigation of all statements made in this application. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

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Signature of Applicant (unsigned applications will not be processed)

Date

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## Reference Release

I, \_\_\_\_\_, do authorize my employers (both past and present) and personal reference to release information i.e. dates of employment, results of evaluations, and status at termination, to Mountain Area Residential Facilities, Inc. The purpose of this information is for a current application for employment. I understand I may revoke this authorization at any time with written notice and is good for the period of one (1) year from today's date.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Assurance of Confidentiality**

I understand and agree to comply with the Confidentiality Regulations developed by the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to assure the privileged and confidential nature of client information, as outlines in G. S. 122C-52 through G. S. 122C-56.

In accordance with such regulations, I agree to hold CONFIDENTIAL all information regarding clients served by Mountain Area Residential Facilities, Inc. to which I may have access and agree not to divulge such information to unauthorized persons.

I also understand that my failure to comply with the provisions of the Confidentiality Regulations may constitute a misdemeanor punishable by a fine or imprisonment and/or may result in suspension or dismissal from employment or other disciplinary action.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_