



# 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.

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**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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Type of Business	Address	
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Monthly Salary	Reason for Leaving	

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.