

# Sixth Avenue Psychiatric Rehabilitation Partners

## APPLICATION FOR EMPLOYMENT

Applicants please be advised that all statements made on this application will be carefully checked for accuracy. Sixth Avenue Psychiatric Rehabilitation Partners is an equal opportunity employer. We make employment decisions without regard to race, color, gender, age, national origin, disability, or any other status protected by law. Hiring decisions are based solely on qualifications. Offers of employment are made to the best qualified candidates. Applications are active for 90 days.

Personal Information							
Full Name							
	First	Middle	Last	Social Security #			
Current Address							
	Street	City			State	Zip	
Prior Address							
	Street	City			State	Zip	
Do you have any friends or relatives employed with Sixth Avenue Psychiatric Rehabilitation Partners? <input type="checkbox"/> No <input type="checkbox"/> Yes - please give the name and relationship of the individual on page 3 in the "Optional Additional Information" section.							
Have you ever worked for Sixth Avenue Psychiatric Rehabilitation Partners before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes give dates:							
Have you ever applied to Sixth Avenue Psychiatric Rehabilitation Partners before? <input type="checkbox"/> No <input type="checkbox"/> Yes							
How were you referred				In the past 5 years, have you lived outside of North Carolina? <input type="checkbox"/> yes			
<input type="checkbox"/> no							
General Information							
Can you legally work in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no				Are you over age 18? <input type="checkbox"/> yes <input type="checkbox"/> no			
Do you have a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no				Issuing state:		License #:	
Have you ever committed, plead guilty to or been convicted of a crime or violation other than a minor traffic infraction? <input type="checkbox"/> yes <input type="checkbox"/> no							
A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account. If yes, please explain on page 3 in the "Optional Additional Information" section.							
Have you ever been discharged from any employment or asked to resign? <input type="checkbox"/> no <input type="checkbox"/> yes - if yes, please explain in the "Optional Additional Information" section on page 3.							
Job Interest & Schedule Availability							
Position(s) applied for:							
<input type="checkbox"/> I am available and desire to work full time (40 hours per week)				<input type="checkbox"/> I am available and desire to work part-time			
Hours Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							

To							
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**Note:** work schedules are based upon the needs of the business and may be subject to change on a weekly basis.

Wage desired:	Date available for work:
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**Education**

Institution	School Name	City & State	Major / Area of Study	Graduated	Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Professional License, Registration and/or Certifications:**

Type of License / Registration / Certification	Lics. / Reg. / Cert. #	Issuing State	Exp. Date

**Additional Experience Or Qualifications**

List any other experience, skills or other qualifications which you believe should be considered in evaluating your qualifications for employment.

**Employment History for Past 3 Employers**

From	Employer Name & Address	Phone	Position Title:
To		Ending Salary	Reason for Leaving

Summary of Duties:

From	Employer Name & Address	Phone	Position Title:
To		Ending Salary	Reason for Leaving

Summary of Duties:			
From	Employer Name & Address	Phone	Position Title:
To		Ending Salary	Reason for Leaving
Summary of Duties:			

**Business References**

Reference 1	Full Name Known	Occupation	Relationship to Applicant		Years
	Street Address (optional)	City	State	Zip	Phone Alt. Phone
Reference 2	Full Name Known	Occupation	Relationship to Applicant		Years
	Street Address (optional)	City	State	Zip	Phone Alt. Phone
Reference 3	Full Name Known	Occupation	Relationship to Applicant		Years
	Street Address (optional)	City	State	Zip	Phone Alt. Phone

**Personal References** – please list three people, unrelated to you that you have known for more than 1 year

Referenc g 1	Full Name Known	Occupation	Relationship to Applicant		Years

	Street Address (optional)	City	State	Zip	Phone	Alt. Phone
Reference 2	Full Name Known	Occupation	Relationship to Applicant		Years	
	Street Address (optional)	City	State	Zip	Phone	Alt. Phone
Reference 3	Full Name Known	Occupation	Relationship to Applicant		Years	
	Street Address	State	Zip	Phone	Alt. Phone (optional)	
<b>Optional Additional Information</b>						
<i>please use this space to provide any additional information you believe would be helpful in reviewing your application</i>						

<b>Applicant's Certification &amp; Agreement</b>
<p><b>PLEASE READ THE FOLLOWING STATEMENT VERY CAREFULLY</b></p> <p>I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed my employment may be terminated at any time.</p> <p>I understand that completion of this Application for Employment does not guarantee that I will be offered employment.</p> <p>In consideration of my employment, I agree to conform to the Sixth Avenue Psychiatric Rehabilitation Partners' rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Sixth Avenue Psychiatric Rehabilitation Partners' option. I also understand and agree that terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Company. I understand that no company representative, other than it's board chair,</p>

and then only when in writing and signed by the chair, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I understand that, as a condition of my consideration for employment with Sixth Avenue Psychiatric Rehabilitation Partners, or as a condition of my continued employment with Sixth Avenue Psychiatric Rehabilitation Partners, Sixth Avenue Psychiatric Rehabilitation Partners may obtain a consumer report that includes, but is not limited to, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my character, general reputation, personal characteristics and trustworthiness. I hereby authorize and consent to Sixth Avenue Psychiatric Rehabilitation Partners procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Sixth Avenue Psychiatric Rehabilitation Partners will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Sixth Avenue Psychiatric Rehabilitation Partners. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Applicant Signature	Printed Name	Date
Applicant Phone / Contact Number	Alternate Phone / Contact Number	

Return completed application to:  
 Sixth Avenue Psychiatric Rehabilitation Partners  
 Hendersonville, North Carolina • (828) 697-1581

<b>Office Use Only</b>	
Date Received	
Forward To	Forward Date