



Greater Outreach Services
PATHWAY TO TRANSFORMATION

Greater Outreach Services, LLP

DEMOGRAPHIC INFORMATION

PERSONAL

Last Name	First	Middle	Date
Street Address		Mailing Address	Home Telephone
City	State	Zip	County
Are you related to anybody now working for this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			Relationship: _____
If yes, whom: _____			
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year: _____			
Are you legally eligible for employment in the United States?		When are you available to begin work?	

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EDUCATION AND TRAINING (Please include copy of transcripts, originals will be required upon employment)

School	Name/Location	Graduate Yes or No	Course of Study	Type of Degree Received
High School				
College or University				
Business or Technical School				
Graduate School				

Other special training or skills (languages, machine operation, etc.)

Sign Language Foreign Language (specify Braille Skills Dictation
 Medical Transcription Typing (specify wpm) Calculator Shorthand
 Software (Circle): Word Excel Desktop Publishing Windows

Other:

List fields of work for which you are licensed, registered, or certified:

Registration _____ State _____ Number _____ Date _____
 Registration _____ State _____ Number _____ Date _____
 License Type _____ NPI no. _____ Taxonomy _____

EMPLOYMENT HISTORY (Please give accurate, complete, full-time and part-time employment. Start with your present or most recent employer. **(SEE RESUME is not acceptable.)**)

Current or Last Employer:		Job Title:
Address:		Starting Salary
Supervisor: Telephone:		Current/Ending Salary
Reason for Leaving:		May we contact employer?
Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()	List major duties: _____ _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____	

Employer: :		Job Title:
Address:		Starting Salary \$ Per
Supervisor: Telephone:		Current/Ending Salary \$ Per
Reason for Leaving:		
Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()	List major duties: _____ _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____	

Employer:		Job Title:
Address:		Starting Salary \$ Per
Supervisor: Telephone:		Current/Ending Salary \$ Per
Reason for Leaving:		
Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()	List major duties: _____ _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____	

Employer:		Job Title:	
Address:		Starting Salary	\$ Per
Supervisor: Telephone:		Current/Ending Salary	\$ Per
Reason for Leaving:			
Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()		List major duties: _____ _____ _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____	

EMPLOYMENT HISTORY (cont) (SEE RESUME is not acceptable.)

Employer:		Job Title:	
Address:		Starting Salary	\$ Per
Supervisor: Telephone:		Current/Ending Salary	\$ Per
Reason for Leaving:		May we contact employer?	
Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()		List major duties: _____ _____ _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____	

Employer:		Job Title:	
Address:		Starting Salary	\$ Per
Supervisor: Telephone:		Current/Ending Salary	\$ Per
Reason for Leaving:			

Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()	List major duties: _____ _____ _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____
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Employer:	Job Title:
Address:	Starting Salary \$ Per
Supervisor: Telephone:	Current/Ending Salary \$ Per
Reason for Leaving:	
Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()	List major duties: _____ _____ _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____

Employer:	Job Title:
Address:	Starting Salary \$ Per
Supervisor: Telephone:	Current/Ending Salary \$ Per
Reason for Leaving:	
Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()	List major duties: _____ _____ _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____

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.)

Have you served in the U.S. Armed Forces? Yes No
 If yes, were you discharged honorably? Yes No
 Are you a member of the Military Reserves? Yes No

Check the types of work you will accept:
 Permanent Full-Time
 Part-Time
 Seasonal
 Any of the Above

Our agency provides Mental Health and Substance Abuse services in _____, _____ Counties. Please indicate your preferences.
 County: _____
 Population: Mental Health Substance Abuse DD Adult Child

Salary Expectations: _____

From whom or where did you learn of our agency and this vacancy? _____

INQUIRIES RELEASE AND CONSENT

In connection with my application for employment, contract for services, or internship with Greater Outreach Services, LLP Residential Services, I, the undersigned, understand and consent that a consumer report, which may contain public record information, will be requested. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, etc. I further understand that such report may contain public record information concerning my driving record, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. A facsimile or other copy of this release/consent bearing my signature is as valid as the original. For purposes of gathering this information, I agree to supply the following information:

Please print the following information

Last Name	First	Middle	Maiden
Current Address:		SS#:	
City/State/Zip:		County:	

Previous Address, If at Above Address Less Than 3 Years:		
Date of Birth:	(optional) Race:	(optional) Gender:
Drivers License #:	State of Issue:	Date Issued:
<p>I hereby fully release and discharge Greater Outreach Services, LLP Residential Services their respective affiliates, subsidiaries, directors, officers, employees, agents, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer, from all claims and damages arising out of or relating to any investigation of my background for employment purposes. I have the right to make a request, upon proper identification, of all the information obtained from the consumer report agency.</p> <p>Date: _____ Signature: _____</p>		

I understand that <your agency name> is an "At Will" employer in the state of North Carolina and if hired, I have the right to terminate employment at any time, for any reason. Likewise, the company may terminate employment at any time, for any reason, with or without cause or notice. I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize education institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

_____ **Signature (unsigned applications will not be processed)** _____ **Date** _____