

Trinity Behavioral Healthcare PC

**TRINITY BEHAVIORAL  
HEALTHCARE PC**

*Corporate Office*

2716 Troxler Rd.  
Burlington, NC 27215  
Phone: (336) 570-0104  
Fax: (336) 570-0201

**APPLICATION FOR EMPLOYMENT**

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE PRINT OR. TYPE ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**APPLICANT INFORMATION**

Email \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Street Apartment #  
City State Zip

Social Security No. \_\_\_\_\_ Telephone \_\_\_\_\_

How did you learn about us?  Advertisement  Word of Mouth  Internet  Employment Agency  
 Other

Have you completed an application with us before?  Yes  No if yes, please give date:

Have you been employed with us before?  Yes  No If yes, please give date:

Are any relatives employed with us?  Yes  No if yes, please list:

Are you currently on lay off status and subject to recall?  Yes  No

Have you lived outside of North Carolina at any time in the past five years?  Yes  No

Please indicate any foreign language you can speak, read or write fluently:

Have you served in the US Military?  Yes  No if yes, then what branch?

Positions applied for \_\_\_\_\_

Employment desired  Full-Time  Part-Time Salary desired:

Days available to work:  No Preference

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Times available to work:

What date are you available to begin work?

Trinity Behavioral Healthcare PC

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	YEARS ATTENDED	MAJOR & DEGREE
High School				
College				
Graduate School				
Other				

Have you ever been convicted of a crime other than a traffic violation?  Yes  No If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact your present employer?  Yes  No

Name of Supervisor: \_\_\_\_\_ Employment Dates  
 Company or Organization Address Beginning Ending Reason for Leaving

Phone #: \_\_\_\_\_ Email \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Employment Dates  
 Company or Organization Address Beginning Ending Reason for Leaving

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Employment Dates  
 Company or Organization Address Beginning Ending Reason for Leaving

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

If there have been any gaps in your employment during the last five years, please provide details here\_

## Trinity Behavioral Healthcare PC

List professional trade, business or civic activities and offices held. Describe any specialized training, apprenticeship, skills, and extracurricular activities (excluding those which, by their name or character, indicate the race, color, religion, sex, age, national origin, marital status, ancestry or handicap.)

Summarize special training skills (such as machines, typing, computer skills, language skills, etc.) which you feel may especially qualify you for working at Trinity Behavioral Healthcare PC.

### PROFESSIONAL REFERENCES

Name	Yrs. Known	Position	Address	Phone Number
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Name	Yrs. Known	Position	Address	Phone Number
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Name	Yrs. Known	Position	Address	Phone Number
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### ADDITIONAL INFORMATION

Are you capable of performing, with or without reasonable accommodation, the essential functions of the jobs or occupation for which you have applied?  Yes  No

NOTE: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED OF THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

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 Trinity Behavioral Healthcare PC 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 TBH all information relative to such verification and hereby release such individuals, organizations and TBH from any and all liability for any claim or damage resulting therefrom.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

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List professional trade, business or civic activities and offices held. Describe any specialized training, apprenticeship,

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 Trinity Behavioral Healthcare PC 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 TBH all information relative to such verification and hereby release such individuals, organizations and TBH from any and all liability for any claim or damage resulting therefrom.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_