



## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION:

Name*DOB*Sex	
Address*State*Zip	
Email Address*Contact #	
US Citizenship* If not, please explain	
Drivers License #*State	

### RELATED EMPLOYMENT FACTORS:

**Position Legend:** QP-Qualified Professional, AP-Associate Professional, PP-Paraprofessional, Therapist, Substance Abuse Professional, Peer Support Specialist, Psychiatrist, Psychologist, LCSW, LCAS, Licensed Professional, Registered Nurse, HR Specialist, Bookkeeper, Medical Records, Clinical

Position Applying For	
When will you be available to begin	
Full Time or Part Time	
Years of Experience in Mental Health Field	

Employment with RESTART, INC. may require physical intervention with clients who exhibit aggressive and violent behaviors. Do you have any health problems or physical limitations which would prevent you from performing physical intervention or any other tasks the position may require?

Yes  No  Explain

Do you know or are you related to any individuals currently employed or contracted by RESTART, INC.? If so, please indicate names:

Yes  No  Persons Related

Have you ever been convicted of?

Child Abuse       Neglect       Trafficking       Sexual Assault        X  
 Other Offense       Never Been

*If other, explain:*

Greenville NC 27834  
Rocky Mount NC 27886

(Note: A conviction will not necessarily exclude you from employment. Factors such as age at the time of offense, rehabilitation efforts, how recent the offense, nature of the crime and type of job you are applying for will be considered.)

**\*\*State laws of North Carolina require that employees provide a signed physician statement verifying they are in good physical and mental health and free from communicable disease or any other condition that poses a threat to clients.\*\***

**EMPLOYMENT HISTORY:** (List last/current employer first; include temporary jobs, summer jobs and internships)

MAY WE CONTACT YOUR EMPLOYERS? YES  NO

<u>Employer Name/Address:</u>	<u>Duties/Responsibilities:</u>	<u>Dates Employed:</u>
<u>Supervisor:</u>	<u>Telephone:</u>	
<u>Reason for Leaving:</u>	<u>Salary:</u>	

<u>Employer Name/Address:</u>	<u>Duties/Responsibilities:</u>	<u>Dates Employed:</u>
<u>Supervisor:</u>	<u>Telephone:</u>	
<u>Reason for Leaving:</u>	<u>Salary:</u>	

<u>Employer Name/Address:</u>	<u>Duties/Responsibilities:</u>	<u>Dates Employed:</u>
<u>Supervisor:</u>	<u>Telephone:</u>	

Corporate Headquarters  
 2602 Courtier Drive  
 Suite 239  
 Greenville NC 27834  
 Rocky Mount NC 27886

“At ReStart, We Care!”

Rocky Mount NC Office  
 301 S. Church Street,

<b>Reason for Leaving:</b>	<b>Salary:</b>
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<b>Employer Name/Address:</b>	<b>Duties/Responsibilities:</b>	<b>Dates Employed:</b>
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<b>Supervisor:</b>	<b>Telephone:</b>
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<b>Reason for Leaving:</b>	<b>Salary:</b>
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**EDUCATION:** *(please attach transcript(s) for highest degree obtained)*

	<i>Dates Attended</i>	<i>Major</i>	<i>Graduate or Degree</i>
<i>High School</i>			
<i>College/University</i>			
<i>Business/Technical</i>			
<i>Other</i>			
<i>Other</i>			

**RESIDENCY:** *(list counties and states you've resided in within last 5 years)*

COUNTY	STATE	YEARS RESIDED

**CHARACTER REFERENCES:** *(Identify three persons who are not related to you, such as co-workers, teachers, etc., who have knowledge of your qualifications for the position. Do not use the names of supervisors included on the Employment History.)*

REFERENCE	PHONE NUMBER	RELATIONSHIP

**TRAINING:** *(Check and attach documentation for all current certifications listed below.)*

COURSE	DATE	COURSE	DATE
NCI Part A & B <input type="checkbox"/>		Bloodborne Pathogens <input type="checkbox"/>	
Mental Health Diagnosis <input type="checkbox"/>		Client Rights & Confidentiality <input type="checkbox"/>	
Person Centered Thinking <input type="checkbox"/>		PCP Instructional Elements <input type="checkbox"/>	

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CPR <input type="checkbox"/>		Crisis Response <input type="checkbox"/>	
First Aid <input type="checkbox"/>		Documentation <input type="checkbox"/>	
Medication Administration <input type="checkbox"/>		HIPPA Management <input type="checkbox"/>	
ASAM <input type="checkbox"/>		SEIZURE <input type="checkbox"/>	
Intensive In-Home Services <input type="checkbox"/>		ACT Training <input type="checkbox"/>	
MST Training <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

**LICENSURE:** *(List and attach all current/valid licenses held related to the field)*

LICENSE	DATE

**SKILLS:** *(What other attributes make you a great candidate)*

**PROFESSIONAL ORGANIZATIONS/ASSOCIATIONS:**

**ESSAY QUESTIONS:** *(Please respond to the following questions on a separate sheet of paper)*

1. Describe your philosophy on providing treatment for persons with special needs.
2. If you were faced with an aggressive or assaultive individual, how would you handle the situation?
3. What are your thoughts on Evidenced Based Practices and how they relate to the Mental Health Field?
4. What is the difference between a therapeutic and social relationship? Which is more appropriate when working with special populations, and why?

**Please read the following statements carefully and sign:**

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Street \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City, State, Zip, County you live now \_\_\_\_\_

Street \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City, State, Zip, County \_\_\_\_\_

Street \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City, State, Zip, County \_\_\_\_\_

School \_\_\_\_\_ Degree/Diploma \_\_\_\_\_ Dates: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature Required

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**For Employer Use Only: Please mark (✓) the searches to be conducted.**

- Social Security Verification
- Statewide Criminal – (State: \_\_\_\_\_)
- County Criminal-All Counties Past 7 yrs
- Fingerprinted
- Civil Records – County of Residence
- Civil Records \_ All Counties past 7 yrs.
- NC Registry search)
- Sexual Offenders Index Check (State\_\_\_\_\_)
- DMV Report (State\_\_\_\_\_)

- Drug Screening
- Employment Verification
- Education Verification
- Professional License Verification
- Credit Report
- Search Maiden Name, Birth Name  
"AKA" (each name additional)
- Workman's Compensation Report

**Fax to: M&K Record Researchers, Inc 877-893-0832**

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