



BALANCED MINDS, LLC

APPLICATION FOR EMPLOYMENT				Date of Application		
Social Security Number	Last Name	First Name	Middle Name			
Address (Street number and name)		City	County			
State	Zip Code	Phone (Home or where you can be reached)	Business / Alternate Phone			
Military Service: Are you a member of the Military Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO Branch: _____ Rank: _____						
BML completes a criminal background that includes either State or Federal checks to ensure the safety of our clients we serve. At this time have you been involved investigation related to work in this field, <input type="checkbox"/> YES <input type="checkbox"/> NO ...If yes please explain:						
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 7. Shift or Split Shift Work If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____						
Jobs Applied For Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application. 1. _____ 2. _____ 3. _____						
Referral Source Please indicate your referral source: _____ If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____						
Education: Enter highest grade completed: Elementary/High School (Grades 1 -12) : _____ GED: <input type="checkbox"/> YES <input type="checkbox"/> NO College (1-4 Years): _____ Graduate School 1-4 years): _____ <i>Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours</i>						
Schools	Name and Location	Dates Attended (Mo/Yr) From: To:	Graduate	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Special training programs and seminars you have completed in the last five years (list):						
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:						
Current professional status: (List fields of work for which you have been registered) Registration: _____ State: _____ No. _____ Registration: _____ State: _____ No. _____						
Membership in professional, honorary, or technical societies (list):					DO NOT COMPLETE THIS BLOCK	
Licenses and certifications (List, giving dates and sources of issuance):						



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SKILLS: CHECK the following skills, experiences, etc., which you have:

- | | | |
|--|---|--|
| <input type="checkbox"/> Driver's License:
_____ Number _____ State | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Legal transcription |
| <input type="checkbox"/> Car for use at work | <input type="checkbox"/> Foreign language (specify) _____ | <input type="checkbox"/> Medical transcription |
| | <input type="checkbox"/> Adding Machine/calculator | <input type="checkbox"/> Braille |
| | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Word Processing |
| | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other: _____ |

Have you ever been convicted of an offense against the law other than a minor traffic violation? YES NO (If yes, explain fully on an additional sheet.)
(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.)

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer: _____ **Address:** _____

Job Title: _____ **Supervisor's Name** _____ **Telephone Number** _____ **Number Supervised by you:** _____

Date Employed (month/year)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	May We Contact Employer <input type="checkbox"/> YES <input type="checkbox"/> NO
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Date Separated (month/year)	List major duties in order of their importance in the job:
Full Time Years _____ Months _____	
Part Time Years _____ Months _____	
If part time, number of hours worked per week: _____	

Current or Last Employer: _____ **Address:** _____

Job Title: _____ **Supervisor's Name** _____ **Telephone Number** _____ **Number Supervised by you:** _____

Date Employed (month/year)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	May We Contact Employer <input type="checkbox"/> YES <input type="checkbox"/> NO
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Current or Last Employer: _____ **Address:** _____

Job Title: _____ **Supervisor's Name** _____ **Telephone Number** _____ **Number Supervised by you:** _____

Date Employed (month/year)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	May We Contact Employer <input type="checkbox"/> YES <input type="checkbox"/> NO
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Date Separated (month/year)	List major duties in order of their importance in the job:
Full Time Years _____ Months _____	
Part Time Years _____ Months _____	
If part time, number of hours worked per week: _____	

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 educational 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 (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature of Applicant (unsigned applications will not be processed)

Date