

APPLICATION FOR EMPLOYMENT

Serenity Counseling & Resource Center, Inc
2211 W. Meadowview Road, Suite 10
Greensboro, North Carolina 27407

Phone: (336) 617-8910

Fax: (336) 617-8909

Email: employment@serenitycounselingrc.com

*** Please Type or Print Clearly In Black Ink**

Name: _____			Date: _____		
Last First Middle			Maiden: _____		
Race/Nationality/Ethnicity: _____					
Social Security Number: _____ - _____ - _____			Date of Birth: _____		
			Month Day Year		
Driver's License Number: _____			State _____		
Present Address: _____					
City: _____		State: _____		Zip Code _____	
Home Phone: () _____		Business Phone () _____		Other () _____	
Email: _____					
Position Applying For: _____			Salary Desired: _____		
When Can You Start: _____			Do You Have Any Relatives Currently Employed : Yes ___ No ___		
			If yes, write relative's name: _____		
How Did You Hear About Us: _____					

Read and Follow Carefully:

- 1) Resumes may be submitted with the application for supplemental information.
- 2) Applications should be submitted on or before the closing date with copies of supplementing documentations (transcript, diploma, or GED).
- 3) Applications must be signed and dated.
- 4) A resume will not be accepted in lieu of a complete application.
- 5) Incomplete applications will not be accepted.
- 6) Unsigned applications will not be processed.
- 7) Applications, resumes, transcripts, letters of references and other information submitted will become the property of Serenity Counseling & Resource Center, Inc., and can not be returned.

Equal Opportunity /Affirmative Action Employer

Serenity Counseling & Resource Center, Inc is an Equal Opportunity employer dedicated to non-discrimination in employment. It is the policy of Serenity Counseling & Resource Center, Inc., to hire only those persons who are lawfully authorized to work in the United States. As a condition of employment, individuals hired by Serenity Counseling & Resource Center, Inc. are required to present proof of identity and of their legal eligibility to work in the United States. Serenity Counseling & Resource Center, Inc selects the best qualified individuals for the job based on job-related qualifications regardless of race, color, age, sex, religion, national origin, mental or physical ability, ancestry, martial status, veteran status or any other status protected by applicable law. This application does not mean there are positions open and it does not obligate us in any way.

HANDICAPS OR DISABILITIES

*If you are the best qualified applicant and are hired, this information will be used for the sole purpose of assisting the company to identify possible work related adjustments that are needed in the workplace for you.

EDUCATION

Circle the highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12 GED

College 1 2 3 4

Graduate School 1 2 3 4

School	Location	Attended	Graduated	Semester/ Quarter Hours	Type of Degree or Diploma	Major	Minor
		From	To	Yes	No		

MILITARY

Have you served in the U.S. Military: Yes ___ No ___

Branch: _____ Skills/Duties: _____

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 below or on an additional sheet)

Nature of the Crime (s): _____

Date (s) : _____

Place of Conviction (s) _____

Legal Disposition of the Case: _____

EMPLOYMENT DISCHARGE

Have you ever been discharged from a job? Yes ___ No ___

If yes, please explain: _____

List specific courses, trainings, or workshops that you have had that are related to the position that you are applying for.

Internship/Volunteer Experience: _____

SKILLS

Check all the following skills, experiences, etc., that you have.

<input type="checkbox"/> Car for use at work	<input type="checkbox"/> Bank Teller	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Email
<input type="checkbox"/> Typing ____ wpm	<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Braille	<input type="checkbox"/> Computers
<input type="checkbox"/> Shorthand/Speedwriting ____ wpm	<input type="checkbox"/> Tax Preparer	<input type="checkbox"/> Foreign Language (Specify) _____	<input type="checkbox"/> Fax
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Accounting	<input type="checkbox"/> (Specify) _____	<input type="checkbox"/> Scanner
<input type="checkbox"/> Transcription	<input type="checkbox"/> Sales/Marketing		<input type="checkbox"/> Graphs
<input type="checkbox"/> Adding Machine/Calculator	<input type="checkbox"/> Cashier		<input type="checkbox"/> Copier

FOR SUPERVISORY/MANAGEMENT POSITIONS ONLY

Check the following skills, experiences, and etc., that you have

<input type="checkbox"/> Work Planning/Coordination	<input type="checkbox"/> Employee Counseling/Coaching	<input type="checkbox"/> Statistical Analysis
<input type="checkbox"/> Employee Selection/Dismissal	<input type="checkbox"/> Employee Performance Evaluation	<input type="checkbox"/> Budget Preparation/Maintenance
<input type="checkbox"/> Scheduling	<input type="checkbox"/> Staff Training	<input type="checkbox"/> Contract Negotiations
<input type="checkbox"/> Work Assignment	<input type="checkbox"/> Oral Presentation	<input type="checkbox"/> Report Preparations
<input type="checkbox"/> Delegating Responsibility	<input type="checkbox"/> Coordinating Services	<input type="checkbox"/> Billing Procedures

List fields of work for which you have been registered, licensed, or certified.

Registration: _____ State: _____ Number: _____ Exp. Date _____

Registration: _____ State: _____ Number: _____ Exp. Date _____

List memberships in employment-related professional or technical societies.

EMPLOYMENT HISTORY

Employer (Present or most recent):	Type of Organization	Phone Number:	Address:
Job Title: _____ Starting Salary <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px;">Per Month</div> Ending Salary <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px;">Per Month</div>	Name of Supervisor: _____ Telephone Number: _____	Number Employees Supervised by You: _____ Full-time _____ Number of hours per week _____ Part-time _____ Number of hours per week _____	Reason for Leaving: _____ _____ May we contact your current employer? <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px;">Yes ____ No ____</div>
Date Employed Month: Year:	Date Separated Month: Year:	Full-time _____ Number of hours per week _____ Part-time _____ Number of hours per week _____	Years ____ Months ____ Years ____ Months ____

Job Duties (Be specific): _____

Employer:	Type of Organization	Phone Number:	Address:
Job Title: _____ Starting Salary <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px;">Per Month</div> Ending Salary <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px;">Per Month</div>	Name of Supervisor: _____ Telephone Number: _____	Number Employees Supervised by You: _____ Full-time _____ Number of hours per week _____ Part-time _____ Number of hours per week _____	Reason for Leaving:
Date Employed Month: Year:	Date Separated Month: Year:	Full-time _____ Number of hours per week _____ Part-time _____ Number of hours per week _____	Years ____ Months ____ Years ____ Months ____

Job Duties (Be specific): _____

Employer:	Type of Organization	Phone Number:	Address:
Job Title: _____ Starting Salary <div>Per Month</div> Ending Salary <div>Per Month</div>	Name of Supervisor: _____ Telephone Number: _____	Number Employees Supervised by You: _____ Full-time _____ Number of hours per week _____ Part-time _____ Number of hours per week _____	Reason for Leaving: Years _____ Months _____ Years _____ Months _____
Date Employed Month: Year:	Date Separated Month: Year:	Full-time _____ Number of hours per week _____ Part-time _____ Number of hours per week _____	Years _____ Months _____ Years _____ Months _____

Job Duties (Be specific): _____

Employer:	Type of Organization	Phone Number:	Address:
Job Title: _____ Starting Salary <div>Per Month</div> Ending Salary <div>Per Month</div>	Name of Supervisor: _____ Telephone Number: _____	Number Employees Supervised by You: _____ Full-time _____ Number of hours per week _____ Part-time _____ Number of hours per week _____	Reason for Leaving: Years _____ Months _____ Years _____ Months _____
Date Employed Month: Year:	Date Separated Month: Year:	Full-time _____ Number of hours per week _____ Part-time _____ Number of hours per week _____	Years _____ Months _____ Years _____ Months _____

Job Duties (Be specific): _____

Employer:	Type of Organization	Phone Number:	Address:
Job Title: _____	Name of Supervisor: _____	Number Employees Supervised by You: _____	Reason for Leaving:
Starting Salary _____ Per Month	Telephone Number: _____		
Ending Salary _____ Per Month			
Date Employed Month: _____ Year: _____	Date Separated Month: _____ Year: _____	Full-time _____ Number of hours per week _____ Part-time _____ Number of hours per week _____	Years _____ Months _____ Years _____ Months _____
Job Duties (Be specific): _____ _____ _____ _____ _____			
REFERENCES			

List individuals who are knowledgeable of your professional experience. Please do not list relatives.

Name	Years Known	Organization	Address	Telephone

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event verification is needed in regards to my employment, I authorize educational institutions, prior employers, associations, registration, and licensing boards, and others to provide information to confirm my qualifications. I authorize investigation of all information documented on this application and understand that false information or documentation, or a failure to disclose relevant information will serve as grounds for rejecting my application, disciplinary actions or dismissal if I am employed and/or criminal action. I understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Applicant's Signature

Date