

# DAYMARK Recovery Services

*Enriching Life. Enhancing Lives.  
An Equal Opportunity Employer*

2129 Statesville Blvd.  
Salisbury, NC 28147

## APPLICATION FOR EMPLOYMENT

Date:

Last Name	First	Middle	Home Telephone ( )
Email Address:			Cell Telephone ( )
Street Address		Mailing Address	
City	State	Zip	County
			Business Telephone ( )
Are you related to anybody now working for this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom: _____ Relationship: _____			
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?	

### POSITION(S) DESIRED

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

School	Name/Location	Dates Attended From (mo/yr) - To mo/yr)	Graduate? Yes/No	Course of Study	Type of degree Received
High School					
College or University					
Business Technical					
Graduate					

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

- Sign Language   
  Foreign Language (specify \_\_\_\_\_)   
  Braille Skills   
  Medical Transcription  
 Typing (specify wpm \_\_\_\_\_)   
  Calculator   
  Shorthand   
  Dictation

- Software:**  Word   
  Excel   
  Desktop Publishing   
  Windows  
 Other: \_\_\_\_\_

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

Registration \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_ Date Issued \_\_\_\_\_  
 Registration \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_ Date Issued \_\_\_\_\_

### MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

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

Current or Last Employer:		Job Title:	
Address/City/State/Zip:		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/City/State/Zip:		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/City/State/Zip:		Starting Salary	\$ Per
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Employer:		Job Title:	
Address/City/State/Zip:		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?  No  Yes  
 (If yes, explain fully on an additional sheet). The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying. A conviction does not mean you cannot be hired

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 type(s) of work you will accept:**

- Permanent Full-Time  Permanent Part-Time  Temporary Full-Time  Temporary Part-Time  Work Involving Travel  
 Shift or Split Shift Work  Any of the Above

**Please indicate your area(s) of work preference (counties):**

**Cardinal Area:**  Cabarrus  Stanly  Union  Rowan  Davidson  Vance

**CenterPoint Area:**  Forsyth  Rockingham

**Sandhills Area:**  Anson  Harnett  Hoke  Lee  Montgomery  Moore  Randolph  Richmond  
 Archdale/Trinity  
 Asheboro

**Alliance Area:**  Wake

Guilford

**Smoky Mtn Area:**  Alleghany  Ashe  Avery  Watauga  Wilkes

**Partners Area:**  Yadkin  Iredell  Surry

**Population:**  Mental Health  Substance Abuse  
 Adult  Child  Adult  Child

Salary Expectations: \_\_\_\_\_

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

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.

**Electronic Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Daymark Recovery Services  
 Human Resources Department  
 2129 Statesville Blvd.  
 Salisbury, NC 28147  
 Fax: 800-294-8952

# DAYMARK RECOVERY SERVICES INQUIRIES RELEASE AND CONSENT FORM

**Please return your completed application and this form to:**

Daymark Recovery Services  
Human Resources Department  
2129 Statesville Blvd.  
Salisbury, NC 28147  
**Fax: 800-294-8952**

In connection with my application for employment, contract for services, or internship with DAYMARK Recovery 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, accidents, etc. I further understand that such report may contain public record information concerning my driving record, workers compensation claims, 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:	
<b><u>If at Above Address Less Than 3 Years,</u> please indicate your previous Address, City, State, Zip Code :</b>			
Date of Birth:	Race:	Sex:	
Drivers License #:	State of Issue:	Date Issued:	

I hereby fully release and discharge DAYMARK Recovery 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.

**Signature:**

**Date:**

**Please return your completed Application and the Consent/Release form to:**

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Human Resources Department  
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Salisbury, NC 28147  
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**DAYMARK RECOVERY SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER (EOE)**