



# APPLICATION FOR EMPLOYMENT

Thank you for your interest in Serenity Therapeutic Services, LLC. Our goal is to find the best qualified candidate available to serve our individuals. Although everyone who applies cannot be hired, your application will be given every consideration for employment.

**PLEASE SUBMIT YOUR APPLICATION TO:**

Serenity Therapeutic Services  
 207 South Stewart Street, Raeford, NC 28376

**OR FAX TO:** (910) 904-7148

**INSTRUCTIONS TO APPLICANTS**

**TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.**

Serenity Therapeutic Services employs only US citizens or aliens who can provide proof of identity and work authorization within 3 working days of employment.

**WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:**

- Complete the section below for Equal Opportunity Information.
- Use a black ink pen.
- Give complete education and work history information (“SEE RESUME” IS **NOT** ACCEPTABLE).
- The Authorization for Background Screening, Applicant Writing Sample and Reference forms must be completed and returned with the application. Failure to do so will result in exclusion from the applicant pool.
- Check for accuracy, sign and date your application.

**EQUAL OPPORTUNITY INFORMATION**

The State of North Carolina prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of our jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

<p align="center"><b>Date of Birth</b></p> <p>_____</p> <p>(Month) (Day) (Year)</p> <p align="center"><b>Gender</b></p> <p><input type="checkbox"/> Male      <input type="checkbox"/> Female</p>	<p align="center"><b>CONFIDENTIAL INFORMATION</b></p> <p><b>DISABILITY:</b> “Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment” (Americans with Disabilities Act of 1990). Persons without a disability should check item A.</p> <p>The reporting of a <b>disability is strictly VOLUNTARY</b>. Persons with disabilities who <b>DO NOT WISH</b> to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.</p>														
<p><b>ETHNIC GROUP</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> White (non-Hispanic)</li> <li><input type="checkbox"/> Black (non-Hispanic)</li> <li><input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)</li> <li><input type="checkbox"/> Asian (including Pacific Islander)</li> <li><input type="checkbox"/> American Indian (including Alaskan native)</li> </ol>	<table border="0"> <tr> <td><b>A</b> <input type="checkbox"/> None/Prefer not to report</td> <td><b>G</b> <input type="checkbox"/> Respiratory impairment</td> </tr> <tr> <td><b>B</b> <input type="checkbox"/> Blind or severely visually impaired</td> <td><b>H</b> <input type="checkbox"/> Nervous system/Neurological disorder</td> </tr> <tr> <td><b>C</b> <input type="checkbox"/> Deaf or severely hearing impaired</td> <td><b>I</b> <input type="checkbox"/> Mentally restored</td> </tr> <tr> <td><b>D</b> <input type="checkbox"/> Loss of limited use of arms and/or hands</td> <td><b>J</b> <input type="checkbox"/> Mental retardation</td> </tr> <tr> <td><b>E</b> <input type="checkbox"/> Non-ambulatory (must use wheelchair)</td> <td><b>K</b> <input type="checkbox"/> Learning disability</td> </tr> <tr> <td><b>F</b> <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</td> <td><b>L</b> <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</td> </tr> <tr> <td></td> <td><b>M</b> <input type="checkbox"/> Other (please specify) _____</td> </tr> </table>	<b>A</b> <input type="checkbox"/> None/Prefer not to report	<b>G</b> <input type="checkbox"/> Respiratory impairment	<b>B</b> <input type="checkbox"/> Blind or severely visually impaired	<b>H</b> <input type="checkbox"/> Nervous system/Neurological disorder	<b>C</b> <input type="checkbox"/> Deaf or severely hearing impaired	<b>I</b> <input type="checkbox"/> Mentally restored	<b>D</b> <input type="checkbox"/> Loss of limited use of arms and/or hands	<b>J</b> <input type="checkbox"/> Mental retardation	<b>E</b> <input type="checkbox"/> Non-ambulatory (must use wheelchair)	<b>K</b> <input type="checkbox"/> Learning disability	<b>F</b> <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)	<b>L</b> <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)		<b>M</b> <input type="checkbox"/> Other (please specify) _____
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<b>APPLICATION FOR EMPLOYMENT</b>			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 Phone _____
Are you related to any employee who was previously employed by or is currently employed by Serenity? <input type="checkbox"/> YES <input type="checkbox"/> NO			If subject to Military Selective Service registration, certify compliance by initialing dotted line _____
<b>Military Service</b>			
Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input type="checkbox"/> NO			
At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Give dates of your (or spouse's) qualifying active military service: Entered: _____ Separated: _____ Branch: _____ Rank _____			
Are you a member of the Military Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO Branch: _____			
<b>CHECK the types of work you will accept:</b> <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.) _____			
Will you accept work anywhere in N.C.? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, list below the counties in which you would be willing to work.)			
1. _____ 2. _____ 3. _____ 4. _____ 5. _____			
<b>Hours of Availability: <u>Please be specific</u></b>			
<input type="checkbox"/> 1 <sup>st</sup> Shift (8am-4pm) <input type="checkbox"/> 2 <sup>nd</sup> Shift (4pm-12pm) <input type="checkbox"/> 3 <sup>rd</sup> Shift (12am-8am)			
<input type="checkbox"/> Every other weekend (8am-8pm) <input type="checkbox"/> Every other weekend (8pm-8am)			
<b>Jobs Applied For:</b>			
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. _____			
<b>Referral Source</b>			
Please indicate your referral source: _____			
If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____			
<b>Education</b>			
Circle 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			
Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.			
Schools	Name and Location	Dates Attended (mo/yr) From:    To:	Grad?    S/O Hrs.    Major/Minor Course    Type of Degree
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>
College(s)			YES <input type="checkbox"/> NO <input type="checkbox"/>
University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>
Other educational, vocational			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): _____			

**Licenses and certifications (List, giving dates and sources of issuance):**

**Skills**

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Driver's License _____<br>Number State    | <input type="checkbox"/> Sign Language                              | <input type="checkbox"/> Legal transcription   |
| <input type="checkbox"/> Chauffeur's License _____<br>Number State | <input type="checkbox"/> Foreign language (specify) _____           | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Car for use at work                       | <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? (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 on an additional sheet.)

**Work History** (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer?
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time    Years Months				
Part Time    Years Months				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer?
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time    Years Months				
Part Time    Years Months				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer?
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time    Years Months				
Part Time    Years Months				

**DO NOT COMPLETE THIS BLOCK-For Office Use Only**



**DISCLOSURE AND AUTHORIZATION**  
[IMPORTANT -- PLEASE READ CAREFULLY  
BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION  
**ORDER NUMBER:**

**FAX: 910.343.9731**

Company Name: Serenity Therapeutic Services

CAC:

Serenity Therapeutic Services ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<u>New York and Maine applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.
<u>New York applicants or employees only:</u> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
<u>Oregon applicants or employees only:</u> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.
<u>Washington State applicants or employees only:</u> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<u>New York applicants or employees only:</u> By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
<u>Minnesota and Oklahoma applicants or employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<u>California applicants or employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/>

# APPLICANT'S DISCLOSURE & AUTHORIZATION FOR CRIMINAL & BACKGROUND SCREENING

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Other Names/Maiden/Alias \_\_\_\_\_

Social Security\* # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ (mo/day/year)

Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Phone# \_\_\_\_\_

Email \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

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

For Employer Use Only: Please mark (✓) the searches to be conducted.			
Contact: _____		Email: _____	
Phone: _____		Fax: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## REFERENCES

List at least 2 people who are NOT related to you and who are familiar with your qualifications for employment.

<b>Reference #1 Name:</b>	<b>Title:</b>
<b>Employer:</b>	<b>Phone Number:</b>
<b>Reference #2 Name:</b>	<b>Title:</b>
<b>Employer:</b>	<b>Phone Number:</b>
<b>Reference #3 Name:</b>	<b>Title:</b>
<b>Employer:</b>	<b>Phone Number:</b>

## **APPLICANT CERTIFICATION AND AUTHORIZATION**

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I 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.

In the event confirmation is needed in connection with my work, I authorize investigation of all information given in this application. This includes, but may not be limited to:

- Driver's record check, if necessary for the job
- Criminal background check
- Educational institutions
- Reference checks from current and previous employers and/or supervisors
- Registration and licensing boards
- Any other information submitted on or attached to this application
- NC Registry Check

I also authorize all educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications.

I am aware that a background check will be conducted before employment based on Serenity's Personnel Policy. I also understand that as a condition of employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States.

I am aware that Serenity Therapeutic Services is an equal opportunity employer who is committed to equality in admission or access to, or treatment or employment in, its programs and activities and does not discriminate against applicants or employees based upon race, color, national origin, religion, gender, age, political affiliation, or disability.

<b>Applicant Signature</b> ***unsigned applications will not be processed***	<b>Signature Date</b>
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**NOTICE REGARDING BACKGROUND INVESTIGATION  
PURSUANT TO CALIFORNIA LAW**

Serenity Therapeutic Services ( " t h e Company") intends to obtain information about you for employment purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**. The source of any credit report will be **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailing shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identify

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.