



Application for Employment

Last Name	First Name	Middle	Maiden
Address	City	State	Zip Code
Primary Phone #	Secondary Phone #	Email	
Driver License#	State Issued	Expiration Date	

.....

Have you **ever** been convicted of an offense against the law, other than minor traffic violations?

YES, please explain on an additional sheet of paper. NO

(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.)

Have you **ever** been substantiated for child abuse and/or neglect, or disabled adult abuse and/or neglect?

YES, please explain on an additional sheet of paper. NO

.....

Position(s) applied for:	1)	2)
Date available to start?		
How did you learn of this employment opportunity?		

Are you willing to work? Full-Time Part-Time

Select the counties in which are willing to work:

<input type="checkbox"/> Buncombe	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Clay	<input type="checkbox"/> Graham	<input type="checkbox"/> Haywood	<input type="checkbox"/> Jackson
<input type="checkbox"/> Macon	<input type="checkbox"/> Swain	<input type="checkbox"/> Transylvania	<input type="checkbox"/> Henderson		

PROFESSIONAL LICENSURE INFORMATION:

Type	State	Date License Issued	License Number	Expiration Date



EDUCATION INFORMATION:

School	Name & Location	Dates (mo/yr) From: To:	Did you Graduate? YES or NO	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School/GED						
College(s) University(s)						
Graduate or Professional						
Other educational, vocational, internships, etc.						

REFERENCES: Please provide current names and phone numbers for three PROFESSIONAL references.

Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

As an Equal Opportunity Employer, our policies, as well as Federal and State Law, prohibit discrimination in employment based on race, color, religion, sex, national origin, physical handicap, or age with respect to individuals who are at least 18 years of age.

This application will remain active for 6 months from the date of receipt unless written notice is received to extend the time. Falsification of this application may result in non-employment or discharge if employed.

I also understand that my application may be shared with potential contractors.

SIGNATURE:	DATE:
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EMPLOYMENT HISTORY:

Current or Last Employer	
Address	
Job Title	
Supervisor's Name	
Phone	
Number Supervised by You	
Date Employed (mo/yr)	
Date Separated (mo/yr)	
Starting Salary	Ending/Current Salary:
Reason for leaving	
May we contact employer?	
List Major Duties	

Previous Employer	
Address	
Job Title	
Supervisor's Name	
Phone	
Number Supervised by You	
Date Employed (mo/yr)	
Date Separated (mo/yr)	
Starting Salary	Ending Salary:
Reason for leaving	
May we contact employer?	
List Major Duties	



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EMPLOYMENT HISTORY (continued):

Previous Employer	
Address	
Job Title	
Supervisor's Name	
Phone	
Number Supervised by You	
Date Employed (mo/yr)	
Date Separated (mo/yr)	
Starting Salary	Ending Salary:
Reason for leaving	
May we contact employer?	
List Major Duties	

Previous Employer	
Address	
Job Title	
Supervisor's Name	
Phone	
Number Supervised by You	
Date Employed (mo/yr)	
Date Separated (mo/yr)	
Starting Salary	Ending Salary:
Reason for leaving	
May we contact employer?	
List Major Duties	



EMPLOYMENT HISTORY (continued):

Previous Employer	
Address	
Job Title	
Supervisor's Name	
Phone	
Number Supervised by You	
Date Employed (mo/yr)	
Date Separated (mo/yr)	
Starting Salary	Ending Salary:
Reason for leaving	
May we contact employer?	
List Major Duties	

Previous Employer	
Address	
Job Title	
Supervisor's Name	
Phone	
Number Supervised by You	
Date Employed (mo/yr)	
Date Separated (mo/yr)	
Starting Salary	Ending Salary:
Reason for leaving	
May we contact employer?	
List Major Duties	

Please use additional pages if necessary.



REFERENCE REQUIREMENTS

In order for the agency to thoroughly evaluate your suitability for the position for which you have applied, please be aware that your current employer will be contacted by telephone for a reference.

Current Employer	
Supervisor to Contact	
Phone Number	

I hereby authorize Meridian Behavioral Health Services to contact the individual listed above and likewise authorize that individual to release information requested to Meridian.

SIGNATURE:

DATE:

Additionally, the hiring supervisor or service manager, will be contacting the references listed on this application to assist in the evaluation of your qualifications and abilities to carry out the duties for which you are applying.

You are invited to submit letters of recommendation or references. These may be submitted in person to the Human Resource Department, emailed (hr.department@meridianbhs.org), or mailed to:

Meridian Behavioral Health Services – HR Department
P.O. Box 2187, Sylva, NC 28779



INQUIRIES RELEASE FORM

I consent to Meridian Behavioral Health Services releasing a copy of my criminal background check to the school system in which I will be working.

I understand that the school requires a copy to be on file on the school premises.

SIGNATURE:

DATE:

PRINT FULL NAME:



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

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

ORDER NUMBER:

FAX: 910.343.9731

Company Name: **MERIDIAN BEHAVIORAL HEALTH SERVICES, INC.** (“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 **Castle Branch, Inc , 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.

<p><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.</p>
<p><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.</p>
<p><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.</p>
<p><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.</p>

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 **Castle Branch, Inc , 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.

<p><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.</p>
<p><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"/></p>



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California applicants or employees only: 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.



Last Name _____ First _____ Middle _____

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: _____

Previous Address if a resident of North Carolina less than 5 years (Required by Meridian):

Number	Street	City	State	Zip Code
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PO Box 2187, 154 Medical Park Loop ♦ Sylva, NC 28779 ♦ Phone: 828-631-3973 ♦ Fax: 828-631-9280
www.meridianbhs.org

