

## Application for Employment

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK. COMPLETE ALL QUESTIONS WITH AN ANSWER OR WITH N/A OR UNKNOWN. INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR EMPLOYMENT.

YOU CAN LEARN MORE ABOUT MECKLENBURG OPEN DOOR BY VISITING  
[WWW.MECKLENBURGOPENDOOR.ORG](http://WWW.MECKLENBURGOPENDOOR.ORG)

PLEASE SUBMIT ALL PAGES EXCEPT THIS ONE. TO SUBMIT THIS APPLICATION:

**BY MAIL:**

MECKLENBURG OPEN DOOR  
HUMAN RESOURCES  
PO BOX 668266  
CHARLOTTE, NC 28266-8266

**BY FAX:**

704.973.7795  
ATTENTION HUMAN RESOURCES

**BY EMAIL:**

[HUMANRESOURCES@MECKLENBURGOPENDOOR.ORG](mailto:HUMANRESOURCES@MECKLENBURGOPENDOOR.ORG)

Phone calls are discouraged.

Please note that once you submit this application, you will be contacted if your qualifications meet those of the position being recruited.

Please be assured that your application will remain active in our system for a period of one (1) year following our receipt of it.

Mecklenburg Open Door has a SMOKE-FREE and DRUG-FREE Workplace policy. This means that there is no smoking in the presence of the people we serve or in our buildings. Other tobacco products, such as snuff or chew, are also prohibited.

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## MECKLENBURG OPEN DOOR IS AN EQUAL OPPORTUNITY EMPLOYER.

We do not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or discharge from military service.

Please read carefully before you sign this application. Application must be completed in full even if attaching a resume. "See Resume" is not an appropriate answer. If unsure of an answer, please write UNKNOWN. If a question does not apply to you, please write N/A. Please note that applications not completed in full may not be considered as submitted applications. HR will only review applications that are completed in full.

POSITION(S) APPLIED FOR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

### PERSONAL INFORMATION

PLEASE PRINT USING BALLPOINT PEN - BLUE OR BLACK INK ONLY

FULL NAME	FIRST	MIDDLE	LAST	MAIDEN	SOCIAL SECURITY NUMBER	
EMAIL ADDRESS:					HOME TELEPHONE #	
PRESENT ADDRESS			CITY	STATE	ZIP	
PLEASE LIST ALL PREVIOUS ADDRESSES FOR PAST 7 YEARS					MOBILE TELEPHONE #	
PREVIOUS ADDRESS			CITY	STATE		ZIP
PREVIOUS ADDRESS			CITY	STATE		ZIP
PREVIOUS ADDRESS			CITY	STATE		ZIP
PREVIOUS ADDRESS			CITY	STATE		ZIP
IF YOU DO NOT HAVE A PHONE, HOW MAY WE CONTACT YOU? N/A IF NOT APPLICABLE						

## Application for Employment

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH MECKLENBURG OPEN DOOR?  YES  NO  
IF YES, NAME OF RELATIVE: \_\_\_\_\_

HAVE YOU EVER WORKED FOR MECKLENBURG OPEN DOOR BEFORE?  YES  NO  
IF YES, APPROXIMATE DATE: MM/YY. \_\_\_\_\_

HAVE YOU EVER APPLIED TO WORK FOR MECKLENBURG OPEN DOOR BEFORE?  YES  NO  
IF YES, APPROXIMATE DATE: MM/YY. \_\_\_\_\_

HOW WERE YOU REFERRED TO MECKLENBURG OPEN DOOR? IF REFERRED BY A CURRENT EMPLOYEE, PLEASE LIST HIS/HER NAME. \_\_\_\_\_

### GENERAL INFORMATION

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT, PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION?  YES  NO (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.) IF YES, PLEASE EXPLAIN IN AN ATTACHED DOCUMENT. \_\_\_\_\_

ARE YOU CURRENTLY CHARGED WITH THE COMMISSION OF ANY CRIME, INCLUDING TRAFFIC VIOLATIONS IN NORTH CAROLINA OR ELSEWHERE?  YES  NO IF YES, PLEASE EXPLAIN IN AN ATTACHED DOCUMENT. \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN?  YES  NO  
IF YES, PLEASE EXPLAIN IN AN ATTACHED DOCUMENT. \_\_\_\_\_

**PLEASE INDICATE YOUR AVAILABILITY TO WORK BY WRITING IN THE TIME RANGES YOU CAN WORK ON THE DAYS YOU CAN WORK:**

I am available and desire to work FULL-TIME (32 hours or more per week) and do not have restrictions on my hours and days. Complete your schedule preference below.

I am available and desire to work PART-TIME (If less than 32 hours per week.) Complete your schedule preference below.  
**A.** I am only available for PART-TIME because I am/have:  
 Student  Other Job  Other (explain)  
 \_\_\_\_\_

HOURS YOU ARE AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
<b>FROM</b> Write time avail	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
<b>TO</b> Write time avail	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

**NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.**

# Application for Employment

WAGE EXPECTED: DO NOT WRITE OPEN/NEGOTIABLE. _____	FIRST DATE YOU ARE AVAILABLE FOR WORK? _____
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**EMPLOYMENT HISTORY**

BEGIN WITH YOUR **MOST RECENT** EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT OVER THE PAST 10 YEARS WRITING IN THE OPEN SPACES PROVIDED. (ATTACH ADDITIONAL SHEET IF NECESSARY)

<b>1</b>	<b>EMPLOYER</b>	<b>START DATE</b>	<b>STARTING WAGE</b>
JOB TITLE			\$
EMPLOYER PHONE NO			
ADDRESS, CITY, STATE, ZIP		<b>END DATE</b>	<b>ENDING WAGE</b>
DESCRIBE YOUR JOB DUTIES			\$
REASON FOR LEAVING (Please Explain)		TYPE OF BUSINESS	
EXPLAIN ANY PERIOD OF TIME LONGER THAN 6 MONTHS BETWEEN JOBS		MAY WE CONTACT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO  IF NO, WHY NOT? _____ _____ _____	
NAME OF IMMEDIATE SUPERVISOR _____			
<b>2</b>	<b>EMPLOYER</b>	<b>START DATE</b>	<b>STARTING WAGE</b>
JOB TITLE			\$
EMPLOYER PHONE NO			
ADDRESS, CITY, STATE, ZIP		<b>END DATE</b>	<b>ENDING WAGE</b>
DESCRIBE YOUR JOB DUTIES			\$

## Application for Employment

REASON FOR LEAVING (Please Explain)		TYPE OF BUSINESS	
EXPLAIN ANY PERIOD OF TIME LONGER THAN 6 MONTHS BETWEEN JOBS		MAY WE CONTACT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF IMMEDIATE SUPERVISOR _____		IF NO, WHY NOT? _____ _____	
<b>3</b>	<b>EMPLOYER</b>	<b>START DATE</b>	<b>STARTING WAGE</b>
JOB TITLE _____			\$
EMPLOYER PHONE NO _____			
ADDRESS, CITY, STATE, ZIP _____		<b>END DATE</b>	<b>ENDING WAGE</b>
DESCRIBE YOUR JOB DUTIES _____			\$
REASON FOR LEAVING (Please Explain)		TYPE OF BUSINESS	
EXPLAIN ANY PERIOD OF TIME LONGER THAN 6 MONTHS BETWEEN JOBS		MAY WE CONTACT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF IMMEDIATE SUPERVISOR _____		IF NO, WHY NOT? _____ _____	
<b>4</b>	<b>EMPLOYER</b>	<b>START DATE</b>	<b>STARTING WAGE</b>
JOB TITLE _____			\$
EMPLOYER PHONE NO _____			
ADDRESS, CITY, STATE, ZIP _____		<b>END DATE</b>	<b>ENDING WAGE</b>
			\$

# Application for Employment

DESCRIBE YOUR JOB DUTIES		
REASON FOR LEAVING (Please Explain)	TYPE OF BUSINESS	
EXPLAIN ANY PERIOD OF TIME LONGER THAN 6 MONTHS BETWEEN JOBS	MAY WE CONTACT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO  IF NO, WHY NOT? _____ _____ _____	
NAME OF IMMEDIATE SUPERVISOR _____		

## EDUCATION

This information IS verified. You may be asked to submit copies of your degrees/certificates.

TYPE OF SCHOOL	NAME, ADDRESS, CITY AND STATE OF SCHOOL	MAJOR	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL		DIPLOMA/GED	9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
COLLEGE/ UNIVERSITY			Freshman Sophomore Junior Senior	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE/ UNIVERSITY			Freshman Sophomore Junior Senior	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS TRADE/OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## Application for Employment

### ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills and/or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

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### ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job?  YES  NO

If Yes, please explain:

Do you have a reliable means of transportation to work each shift?  YES  NO

### PERSONAL OR BUSINESS REFERENCES – NO RELATIVES

<b>1</b>	NAME	BUSINESS PHONE (    )
	HOME ADDRESS, CITY AND STATE ZIP	TITLE / RELATIONSHIP TO YOU
	HOME PHONE (    )	HOW LONG HAVE YOU KNOWN THIS PERSON?
<b>2</b>	NAME	BUSINESS PHONE (    )
	HOME ADDRESS, CITY AND STATE ZIP	TITLE / RELATIONSHIP TO YOU
	HOME PHONE (    )	HOW LONG HAVE YOU KNOWN THIS PERSON?

# Application for Employment

SUPPLEMENTAL CERTIFICATION/TRAINING					
You will be required to submit copies of current certifications. N/A IF YOU DO NOT/HAVE NEVER HAD THIS CERTIFICATION					
TYPE OF TRAINING	AGENCY OBTAINED FROM?	EXPIRATION DATE	TYPE OF TRAINING	AGENCY OBTAINED FROM?	EXPIRATION DATE
CPR			MEDICATION ADMINISTRATION		
FIRST AID			NCI (not CPI/TCL)		
BLOOD BORNE PATHOGENS			WRAP		
OTHER CERTIFICATION/TRAINING RELATED TO MENTAL HEALTH/JOB FOR WHICH YOU ARE APPLYING					
TYPE OF TRAINING	AGENCY OBTAINED FROM?	EXPIRATION DATE	TYPE OF TRAINING	AGENCY OBTAINED?	EXPIRATION DATE
OTHER INFORMATION					
WHY DO YOU WANT TO WORK WITH ADULTS DIAGNOSED WITH A MENTAL ILLNESS?					
WHY DO YOU WANT TO WORK FOR MECKLENBURG OPEN DOOR?					
LANGUAGES SPOKEN?	ENGLISH <input type="checkbox"/>	SPANISH <input type="checkbox"/>	FRENCH <input type="checkbox"/>	RUSSIAN <input type="checkbox"/>	OTHER

## Application for Employment

### MECKLENBURG'S PROMISE/PEER SUPPORT POSITIONS ONLY

IF YOU ARE APPLYING FOR A MECKLENBURG'S PROMISE POSITION, PLEASE ALSO  
COMPLETE THIS PAGE

*Any and all information is kept confidential to those persons involved in the hiring process.*

Please check the appropriate box of the position for which you are applying:

- Peer Support Specialist       Certified Peer Support Specialist  
(if you already have this certification)       Volunteer

All peers and/or volunteers, if applicable, work from the perspective of their own  
experiences with mental illness and recovery.

If applicable, do you agree to identify yourself as a person recovering from a mental illness or an individual  
in recovery from addiction, with people you work with and for as needed?

- YES       NO

Please answer the following questions. This is not a test and there are no "right" or "wrong" answers. Feel  
free to include additional pages if necessary.

1. Please describe your understanding of Recovery.
  
  
  
  
  
  
  
  
  
  
2. What were/are the important factors in your own Recovery, if applicable?
  
  
  
  
  
  
  
  
  
  
3. What coping skills do you have in place to handle stress in your life?

Please attach a letter of recommendation to this application. The letter of recommendation can include  
a description of the applicant including strengths, personality traits, communication styles, relationship  
to and interaction with the applicant, etc. Why is the applicant a good candidate for this program?

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### OUR RECOVERY PHILOSOPHY

Mecklenburg Open Door endorses a philosophy of **MENTAL HEALTH RECOVERY**. We believe that having a mental illness is not a chronic state in which stability is the basic outcome of our efforts. Instead, the model of recovery opens up the door for an individual to achieve multiple outcomes, despite their mental illness.

We expect our employees to follow our recovery philosophy by embracing these core values:

#### Mecklenburg Open Door's Recovery Core Values

- We honor all of the people we serve;
- We accept them as they are and as unique, special individuals;
- We remind them that there are no limits to anyone's recovery;
- We give them a sense of hope;
- We validate their experiences;
- We treat them with dignity, compassion, respect and unconditional high regard;
- We give each person choices and options, not final answers; and
- We support the concept that each person is the expert on themselves.

#### PLEASE READ AND SIGN BELOW:

I understand that, if hired, I will be expected to follow the Mecklenburg Open Door Recovery Core Values and to protect the rights of the people served. I understand that I may need to learn more and/or different ways of interacting with the people we serve to make sure that I follow the treatment philosophy of Mecklenburg Open Door at all times. I understand that failure to follow Mecklenburg Open Door's Recovery Core Values and other Recovery rules can lead to disciplinary action against me, up to and including termination.

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

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## APPLICANT'S AGREEMENT, CERTIFICATION AND RELEASE

As part of my application for employment at Mecklenburg Open Door, I authorize and consent to the release of any information of any nature concerning me including, but not limited to: (Please check those items you are releasing Mecklenburg Open Door to review. Please note that failure to check all items listed may lead you to be no longer considered for employment.)

- My present or previous employment for verification and reference purposes regarding my :
  - work performance
  - salary/wage
  - attendance
  - attitude at work.
  
- My educational records and credit verification when needed.
- My personal and professional references as listed and any person directed to from this.
- My credential verification, **including information concerning my driver's license and driving record.**
- My criminal record** to include a formal background check, which may result in a more in depth background check into other states/jurisdictions my name/SSN has been associated with and/or other names of people to whom I give Mecklenburg Open Door authorization to contact for any further information needed.
- A drug screening, pre-employment and random, a pre-employment physical (when appropriate) and any other similar data.

I authorize the giving of any such information to the employees and agents of Mecklenburg Open Door, and **I authorize all of my employers, my reference individuals and any other entities which have information about me to respond to any question and to provide all oral or written information concerning me.** Mecklenburg Open Door may use a copy of this authorization as deemed necessary, which copy shall operate as if it were an original, with the understanding that this document does not "expire."

I certify that the responses and statements on this application are true, correct and complete to the best of my knowledge. I understand that any false or misleading statements on this application may be cause for denial or termination of employment. I understand that any offer of employment is conditional upon results satisfactory to Mecklenburg Open Door of the screening, record checks and investigations listed above and otherwise stated in the interview process or my employment tenure. I understand that Mecklenburg Open Door has broad discretion whether or not to hire me. I agree that, if hired, my employment will be "at will" for no definite period, and may be terminated at any time by either me or Mecklenburg Open Door. In addition, I understand that Mecklenburg Open Door has the right to change, modify or terminate its personnel policies, practices, benefits and other terms of employment, at any time.

**I release Mecklenburg Open Door, its agents, and all entities that provide information as a result of this agreement, from all liability of any nature arising out of the disclosure, use, or review of any information given as a result of this agreement. I understand that Mecklenburg Open Door is an Equal Opportunity Employer and will not discriminate against me in any way in its employment decisions.**

\_\_\_\_\_  
Name of Applicant / Maiden Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number **REQUIRED**

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

**Please note that not having a valid license might cause you to be ineligible for employment for some job positions.**

\_\_\_\_\_  
Current Address

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## AUTHORITY FOR RELEASE OF INFORMATION STATE ACCESS ONLY

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a North Carolina criminal history record information check in connection with my application for employment, my employment or volunteer services with Mecklenburg Open Door pursuant to N.C.G.S. 114-19.3, 131D-40 or 131E-265.

	(Print or Type)		
Last Name	First	Middle	Maiden
Social Security Number (Optional*)	Date of Birth	Sex	Race

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named Health Care Provider, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the Health Care Provider cannot provide a **hard copy** of the result of this criminal history record check to me.

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

**Applicant's/Employee's/Volunteer's Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

This request form must be accompanied with a transmittal letter from the Authorized Official or Individual requesting criminal history record information. This request must be mailed to:

State Bureau of Investigation  
Attn: Criminal Information and Identification Section/Applicant Unit  
Post Office Box 29500  
Raleigh, North Carolina 27626-0500

**ORI #HCPCAR962 – MECKLENBURG OPEN  
DOOR, INC**

**FINGERPRINT CARD CHECK - \$14.00 \_\_\_\_\_**  
**NAME CHECK - \$10 \_\_\_\_\_**

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## NOTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ON THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.

I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED. THIS IS ALSO TRUE FOR THE QUESTIONS ASKED IN THE INTERVIEWING PROCESS.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed or interviewed.

It is the policy of Mecklenburg Open Door to afford equal opportunity to all employees and applicants for employment in accordance with all Federal, State or Local laws.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release Mecklenburg Open Door from all liability that might result from making an investigation.

If hired, I agree to abide by all of Mecklenburg Open Door's rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either Mecklenburg Open Door or me.

I further understand that no representation, whether oral or written by any representative or agent of Mecklenburg Open Door, at any time, can constitute a contract of employment. I understand that Mecklenburg Open Door shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

No representative or agent of Mecklenburg Open Door has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Executive Director or Director of Human Resources, or to make any agreement contrary to the foregoing.

I acknowledge that a negative pre-employment and random drug screening are required as a condition of any employment arrangement in which I might enter with Mecklenburg Open Door.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT PRINT NAME \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_