# DAYMARK Recovery Services

*Enriching Life. Enhancing Lives.*

An Equal Opportunity Employer

2129 Statesville Blvd.
Salisbury, NC 28147

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## Application for Employment

**Date:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Home Telephone</th>
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<table>
<thead>
<tr>
<th>Email Address:</th>
<th>Cell Telephone</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Mailing Address</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
<th>Business Telephone</th>
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Are you related to anybody now working for this agency?  ____ Yes  ____ No

If yes, whom: ____________________________

Relationship: ____________________________

Have you ever applied for employment with us?  ____ Yes  ____ No

If yes, year: ________

Are you legally eligible for employment in the United States?  ____ Yes  ____ No

When are you available to begin work?

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## POSITION(S) DESIRED

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## EDUCATION AND TRAINING

(Please include copy of transcripts, originals will be required upon employment)

<table>
<thead>
<tr>
<th>School</th>
<th>Name/Location</th>
<th>Dates Attended From (mo/yr) - To mo/yr</th>
<th>Graduate? Yes/No</th>
<th>Course of Study</th>
<th>Type of degree Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
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<tr>
<td>College or University</td>
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<tr>
<td>Business Technical</td>
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<tr>
<td>Graduate</td>
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</table>

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:

<table>
<thead>
<tr>
<th>Registration</th>
<th>State</th>
<th>Number</th>
<th>Date Issued</th>
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## 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.)

<table>
<thead>
<tr>
<th>Current or Last Employer</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address/City/State/Zip:</td>
<td>Starting Salary $ Per</td>
</tr>
<tr>
<td>Supervisor:</td>
<td>Current/Ending Salary $ Per</td>
</tr>
<tr>
<td>Telephone:</td>
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</tbody>
</table>
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: □ Allegany □ 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:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Address:</td>
<td></td>
<td></td>
<td>SS#:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td></td>
<td></td>
<td>County:</td>
</tr>
</tbody>
</table>

If at Above Address Less Than 3 Years, please indicate your previous Address, City, State, Zip Code:

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Race:</th>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drivers License #:</td>
<td>State of Issue:</td>
<td>Date Issued:</td>
</tr>
</tbody>
</table>

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

DAYMARK RECOVERY SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER (EOE)