

APPLICATION FOR EMPLOYMENT

Envisions of Life, LLC
PO BOX 241
Greensboro, NC 27402

Please Type or Print Clearly in Black or Blue Ink

Date: _____

Name: _____ Social Security #: _____ - _____ - _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Business Phone #: _____

Cellular Phone #: _____ Salary: _____

Position Title: _____

Please Read and Follow Carefully:

1. Resumes may be submitted with the application for supplemental information.
2. Applications should be submitted on or before the closing date, completed (including supplemental applications and transcripts where indicated), dated, and signed.
3. Applications, resumes, transcripts, letters of reference and other information submitted will become the property of Envisions of Life, LLC and cannot be returned.

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

before they can begin work.

It is the policy of Envisions of Life, LLC to hire only those persons who are lawfully authorized to work in the United States. As a condition of employment, individuals hired by Envisions of Life, LLC are required to present proof of identity and of their legal eligibility to work in the United States

EDUCATION

Check highest level completed.

10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

School	Location	Attended		Grad?		Semester/ Quarter Hrs.	Type of Degree or Diploma	Major	Minor
		From	To	YES	NO				
High School /GED				YES	<input type="checkbox"/>				
				NO	<input type="checkbox"/>				
College/University				YES	<input type="checkbox"/>				
				NO	<input type="checkbox"/>				
Graduate of Professional School				YES	<input type="checkbox"/>				
				NO	<input type="checkbox"/>				
Vocational/ Technical School				YES	<input type="checkbox"/>				
				NO	<input type="checkbox"/>				

List specific courses, workshops, training or rotations you have had that are related to the position for which you are applying.

_____.

SKILLS

Check the following skills, experiences, etc., which you have.

- | | |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Adding Machine/Calculator |
| <input type="checkbox"/> Chauffeur's License | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Car for Use at Work | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Typing _____ wpm | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Shorthand/Speedwriting _____ wpm | <input type="checkbox"/> Foreign Language (Specify) |
| <input type="checkbox"/> Word Processing (Specify) | |
| <input type="checkbox"/> Transcription (Specify) _____ | <input type="checkbox"/> Other _____ |

FOR SUPERVISORY/MANAGEMENT POSITIONS ONLY

Indicate the type (i.e., professional, technical, clerical, service, etc.), and number of employees you have supervised *

- | | | |
|---|--|---|
| <input type="checkbox"/> Work Planning/Coordination | <input type="checkbox"/> Employee Counseling/Coaching | <input type="checkbox"/> Statistical Analysis |
| <input type="checkbox"/> Employee Selection/Dismissal | <input type="checkbox"/> Employee Performance Evaluation | <input type="checkbox"/> Budget Preparation/Maintenance |
| <input type="checkbox"/> Scheduling | <input type="checkbox"/> Staff Training | <input type="checkbox"/> Contract Negotiations |
| <input type="checkbox"/> Work Assignment | <input type="checkbox"/> Oral Presentation | <input type="checkbox"/> Report Preparations |

List fields of work for which you have been registered, licensed or certified.

Registration: _____ State: _____ No.: _____ Exp. Date: _____
 Registration: _____ State: _____ No.: _____ Exp. Date: _____

List memberships in employment related professional or technical societies.

EMPLOYMENT HISTORY

PLEASE READ CAREFULLY

Using a separate section for each position, describe in detail all work experiences beginning with your present or most recent job. Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application.

May we contact your present employer? Yes No Please wait until I am a finalist.

Employer: (present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (be specific)		
<input type="checkbox"/> Full-time __ # Years __ # Months <input type="checkbox"/> Part-time __ # Years __ # Months If part-time, number of hours per week:	_____ _____ _____		

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GENERAL INFORMATION

- Do you now work for Envisions of Life, LLC? Yes No
- Are you related, by blood or marriage, to any person now working at Envisions of Life, LLC? Yes No
(If yes, give name, relationship to you and the department where employed.) _____
- Have you worked under any other name? Yes No (Required for verifying education, work records and references.)
If yes, please give list
- Check types of work you will accept.

<input type="checkbox"/> Permanent Full-time	<input type="checkbox"/> Permanent Part-time	<input type="checkbox"/> Work involving travel
<input type="checkbox"/> Temporary Full-time	<input type="checkbox"/> Temporary Part-time	<input type="checkbox"/> Any of the preceding
<input type="checkbox"/> Shift or Split Shift Work		
- If you are not available for work now, enter the earliest date you could begin work (month/day/year)._____.
- Have you ever been convicted of any crime under the name you used on this application or under any other name? (Omit traffic violations with fines of \$50 or less.) Yes No

If yes, please explain when, where, and disposition of case. NOTE: The existence of a criminal record does not automatically eliminate you from employment considerations.

REFERENCES

List individuals familiar with your capabilities. Do not list relatives or supervisors previously noted under employment.

Name	Years Known	Organization Position	Home/Business Address	Home/Business Phone

CERTIFICATION

I certify, to the best of my knowledge and belief, that the statements given above truly represent my background and experience. I understand that if I have knowingly misrepresented, omitted, or falsified any of the application information, I will be disqualified for employment consideration or dismissed from employment with Envisions of Life, LLC. Further, I understand that as a condition of employment, I may be required to undergo testing for controlled substances. In addition, I hereby authorize my current and former employers (including the U.S. Government or U.S. Military), personal references, registration and licensing boards, and educational institutions listed on my application for employment, to provide Envisions of Life, LLC with any job-related information requested. I also permit Envisions of Life, LLC to conduct a police and court records investigation of my background if relevant to the job for which I am applying. Notwithstanding any provisions of Federal or State law, I expressly waive any right I may have to review confidential material or information received by Envisions of Life, LLC from a previous employer or educational institution.

Finally, I attest, under penalty of perjury, that I am legally authorized to work in the United States, and that, if I am a male between the ages of 18-26, I (please check) have , have not registered for selective service.

Applicant's Name _____ Date _____