APPLICATION FOR EMPLOYMENT

Envisions of Life, LLC
5 Centerview Drive. Ste 110
Greensboro, NC 27407-3709

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 #: Preferred Salary:

Position Title Inquiring:

Location of Position:

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.
4. If we call you for an interview please bring social security card, and state drivers license/ID for verification.

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Before you 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 From	To	Grad?		Semester/ Quarter Hrs.	Type of Degree or Diploma	Major	Minor
High School /GED				YES	☐				
				NO	☐				
College/University				YES	☐				
				NO	☐				
Graduate of Professional School				YES	☐				
				NO	☐				
Vocational/ Technical School				YES	☐				
				N0	☐				

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.

☐ Driver's License
☐ Chauffeur's License
☐ Car for Use at Work
☐ Typing 45 wpm
☐ Shorthand/Speedwriting ___wpm
☐ Word Processing (Specify)
☐ Transcription (Specify)_____
☐ Adding Machine/Calculator
☐ Data Entry
☐ Sign Language
☐ Braille
☐ Foreign Language (Specify)
☐ Other _____

FOR SUPERVISORY/MANAGEMENT POSITIONS ONLY

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

☐ Work Planning/Coordination
☐ Employee Selection/Dismissal
☐ Scheduling
☐ Work Assignment
☐ Employee Counseling/Coaching
☐ Employee Performance Evaluation
☐ Staff Training
☐ Oral Presentation
☐ Statistical Analysis
☐ Budget Preparation/Maintenance
☐ Contract Negotiations
☐ 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:
	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: **per hour**	Ending Salary: per	Reason for Leaving:
Date Separated: (mo/yr) ☐ Full-time __ # Years __ # Months ☐ Part-time___ # Years __ # Months If part-time, number of hours per week: ____	Job Duties: (be specific)		

Employer: (present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You: 0	
Date Employed: (mo/yr)	Starting Salary: $ **per**	Ending Salary: $ per	Reason for Leaving:
Date Separated: (mo/yr) NA ☐ Full-time ____# Years __ # Months ☐ Part-time___ # Years __ # Months If part-time, number of hours per week: _	Job Duties: (be specific)		
Employer: (present or most recent)	Type of Organization:		Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: $ **per**	Ending Salary: $ per	
Date Separated: (mo/yr) ☐ Full-time __ # Years __ # Months ☐ Part-time___ # Years __ # Months If part-time, number of hours per week: _____	Job Duties: (be specific)		
Employer: (present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor: Je	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: $ **per**	Ending Salary: per	Reason for Leaving:
Date Separated: (mo/yr) ☐ Full-time __ # Years __ # Months ☐ Part-time_1 # Years __ # Months If part-time, number of hours per week: _____	Job Duties: (be specific)		

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.
  ☐ Permanent Full-time ☐ Permanent Part-time ☐ Work involving travel
  ☐ Temporary Full-time ☐ Temporary Part-time ☐ Any of the preceding
  ☐ 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_____