



# **POSITIVE PROGRESS SERVICES, CORP.**

Mental Health

“Helping Families One Home at a Time”

## **EMPLOYMENT APPLICATION**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Employment Desired:** Place an X in the box below:

Permanent Full-time	Permanent Part-time
Temporary Full-time	Temporary Part-time

**Position Applying for:** Place an X in the box below

Case Manager QP	Paraprofessional
Case Manager AP	Other:

Earliest Date available to begin work: \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you ever worked for the company \_\_\_\_\_ or \_\_\_\_\_  
Yes No

### **Education:**

	Name and Address	Dates attended	Degree Received
High School			
College			
Graduate			
Other			

*Special Trainings or Volunteer work received in the area of employment desired:*

\_\_\_\_\_

Have you ever been convicted of a Felony? \_\_\_\_\_ or \_\_\_\_\_  
Yes No

Describe (if you answered yes Above) \_\_\_\_\_

\_\_\_\_\_

Have you lived outside the state of NC in the past 5 years.. .Yes \_\_\_ or No \_\_\_?

## Employment History:

1. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary Paid: \_\_\_\_\_  
                   Month Year       Month Year  
 Position Head \_\_\_\_\_ Last day Worked: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary Paid: \_\_\_\_\_  
                   Month Year       Month Year  
 Position Head \_\_\_\_\_ Last day Worked: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary Paid: \_\_\_\_\_  
                   Month Year       Month Year  
 Position Head \_\_\_\_\_ Last day Worked: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**References:** Please provide as much information as possible:

Name	Address	Phone Number
Relationship		Years Known

Name	Address	Phone Number
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Name	Address	Phone Number
Relationship		Years Known

*Employment at Positive progress services provides assistance to people of different physical, medical, mental and financial situations. With that in mind, there is no warning required to dismiss an employee for grossly in efficient job performance or unacceptable personal conduct.*

*All applicants must provide an original transcript, driver's license, and proof of insurance before final approval of employment. All trainings required for each position must be completed for continued employment.*

**I certify that the information contained in this application is true and complete to the best of my knowledge. Falsified statements on this application shall be grounds for dismissal. I authorize an inquiry of all statements contained herein. Permission is given to contact references listed above concerning my previous employment. The agency is released from all liability for any damages that may result from utilization of such information.**

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

[positiveprogressservicescorp@gmail.com](mailto:positiveprogressservicescorp@gmail.com)