

## Boundless Miracles, LLC

- NOTICE:** 1. TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.  
 2. BOUNDLESS MIRACLES, LLC EMPLOYS ONLY U.S. CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT.

| APPLICATION FOR EMPLOYMENT  |  |  | Date of Application: |   |                         |                 |
|---|--|--|----------------------|---|-------------------------|-----------------|
| Social Security Number:   |  | Last Name:   | First Name:          | Middle Name:  |                         |                 |
| Address: (Street & Number)  |  |  | City:                | County:   |                         |                 |
| State:  | Zip Code:  | Home Phone:  |                      | Cell Phone:   |                         |                 |
| Date of Birth:<br>_____<br>(mo.) (day) (year)   | Have you ever worked for this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                      | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female  |                         |                 |
|   |  | What was your job title? _____                                       |                      |   |                         |                 |
| Do you have reliable transportation for work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Are you related by blood or marriage to any person now working for Boundless Miracles, LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                      | If subject to Military Selective Service registration, certify compliance by initialing dotted line:<br>_____ |                         |                 |
|   |  | If yes, give name, relationship to you and their job title:<br>_____ |                      |   |                         |                 |
| <p><b>Have you ever been convicted of an offense against the law other than a minor traffic violation?</b> (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying).<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain fully on an additional sheet).</p> |  |  |                      |   |                         |                 |
| CHECK the types of work you will accept: <input type="checkbox"/> Permanent Full-time <input type="checkbox"/> Permanent Part-time <input type="checkbox"/> Temporary Full-time <input type="checkbox"/> Temporary Part-time<br>If you are NOT available for work now, enter the earliest date you could begin: (month, day, year) _____  |  |  |                      |   |                         |                 |
| JOBS APPLIED FOR: Enter below the specific title(s) for which you are applying.<br>1. _____ 2. _____  |  |  |                      |   |                         |                 |
| Referral Source: _____ Have you lived in North Carolina for the <b>past 5 years</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |                      |   |                         |                 |
| Education Circle highest grade completed: 9 10 11 12 GED College: 1 2 3 4 Graduate school: 1 2 3 4  |  |  |                      |   |                         |                 |
| Schools   | Name and Location  | Dates Attended (mo/yr)<br>From: To:                                  |                      | Graduated?  |                         |                 |
| High School   |  |  |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Major/Minor Course Work | Degree received |
| College(s) University(s)  |  |  |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                         |                 |
| Graduate or Professional  |  |  |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                         |                 |
| Other educational, vocational school, internship, etc.  |  |  |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                         |                 |
| Special training programs and seminars you have completed that pertain to the job you are applying for: (Please list)   |  |  |                      |   |                         |                 |
| Current Professional Status: (List fields of work for which you have been registered):  |  |  |                      |   |                         |                 |
| Registration / Certification / Licensure _____ State _____ No. _____  |  |  |                      |   |                         |                 |
| Membership in Professional, Honorary or Technical Societies: (Please list)  |  |  |                      |   |                         |                 |
| Drivers License: State _____ License # _____ Expiration Date: _____   |  |  |                      |   |                         |                 |

|   |  |   |                     |  |                        |
|---|--|---|---------------------|--|------------------------|
| <b>Current or Last Employer:</b>  |  | Address:  |                     |  |                        |
| Job Title:  |  | Supervisor=s Name:                              |                     | Telephone Number:  | No. Supervised by you: |
| Date(s) Employed: (mo/yr)   | Starting Salary:<br>\$ _____ per _____ | Current or Ending Salary:<br>\$ _____ per _____ | Reason for leaving: | May we contact employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Date Separated: (mo/yr)<br>_____<br>Full time? _____<br>Part time? _____<br><br># of hours worked per week? _____ | List major duties of your job:         |   |                     |  |                        |
| <b>Previous Employer:</b>   |  | Address:  |                     |  |                        |
| Job Title:  |  | Supervisor=s Name:                              |                     | Telephone Number:  | No. Supervised by you: |
| Date(s) Employed: (mo/yr)   | Starting Salary:<br>\$ _____ per _____ | Current or Ending Salary:<br>\$ _____ per _____ | Reason for leaving: | May we contact employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Date Separated: (mo/yr)<br>_____<br>Full time? _____<br>Part time? _____<br><br># of hours worked per week? _____ | List major duties of your job:         |   |                     |  |                        |
| <b>Previous Employer:</b>   |  | Address:  |                     |  |                        |
| Job Title:  |  | Supervisor=s Name:                              |                     | Telephone Number:  | No. Supervised by you: |
| Date(s) Employed: (mo/yr)   | Starting Salary:<br>\$ _____ per _____ | Current or Ending Salary:<br>\$ _____ per _____ | Reason for leaving: | May we contact employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Date Separated: (mo/yr)<br>_____<br>Full time? _____<br>Part time? _____<br><br># of hours worked per week? _____ | List major duties of your job:         |   |                     |  |                        |
| <b>Previous Employer:</b>   |  | Address:  |                     |  |                        |
| Job Title:  |  | Supervisor=s Name:                              |                     | Telephone Number:  | No. Supervised by you: |
| Date(s) Employed: (mo/yr)   | Starting Salary:<br>\$ _____ per _____ | Current or Ending Salary:<br>\$ _____ per _____ | Reason for leaving: | May we contact employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Date Separated: (mo/yr)<br>_____<br>Full time? _____<br>Part time? _____<br><br># of hours worked per week? _____ | List major duties of your job:         |   |                     |  |                        |
| <b>Previous Employer:</b>   |  | Address:  |                     |  |                        |
| Job Title:  |  | Supervisor=s Name:                              |                     | Telephone Number:  | No. Supervised by you: |
| Date(s) Employed: (mo/yr)   | Starting Salary:<br>\$ _____ per _____ | Current or Ending Salary:<br>\$ _____ per _____ | Reason for leaving: | May we contact employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Date Separated: (mo/yr)<br>_____<br>Full time? _____<br>Part time? _____<br><br># of hours worked per week? _____ | List major duties of your job:         |   |                     |  |                        |

**Please list three Professional References Below:**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Company: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Company: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Company: \_\_\_\_\_

**Please list at least two Personal References Below (No family please!)**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Person to be notified in case of an emergency:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

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 educational institutions, associations, registration and licensing boards, Health Care Provider Registry, 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 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 (Authority G. S. 126-30, G. S. 14-122 1). Note that there are various trainings that are a condition of employment as well as maintaining a valid driver's license and having reliable transportation to and for work. You will be required to attend staff meetings and supervisions outside normal working hours. Filling out the information contained herein has been completely voluntary. By signing this application you indicate an understanding of client confidentiality and commit to adhering to client confidentiality.

\_\_\_\_\_  
Signature of Applicant (unsigned applications will NOT be processed)

\_\_\_\_\_  
Date