

Date Received: _____

WALTER B. JONES ADATC
RECREATIONAL THERAPY SERVICE AREA
2577 West Fifth Street
Greenville, N.C. 27834
Angela D. Bond, LRT/CTRS
Recreational Therapy Supervisor
252-707-5022 ext. 5022
angela.d.bond@dhhs.nc.gov

Practicum Student Application

Application Date: ____/____/____

Desired Semester/Potential Start Date for Career Exploration Hours: _____

Name: _____

Last **First** **Initial**

College/University: _____

Date of Birth: ____/____/____ **Anticipated Graduation Date:** _____

Major: _____ **Minor:** _____

University Practicum Coordinator: _____

Current Address: _____

Permanent Address: _____

Telephone: _____

School **Permanent**

E-mail Address: _____

Emergency Contact(s): _____

Telephone: _____

Liability Coverage: _____

List volunteer/work experiences and dates that relate to Recreational Therapy (Be specific):

1. _____

2. _____

3. _____

State your learning goals and objectives for your anticipated practicum experience.

1. _____

2. _____

3. _____

Specific accomplishments, skills, interests, certifications, licensures which are relevant to this practicum: _____

Please submit with your application:

1. **Completed N. C. State Employment Application (PD-107)**
2. **Resume**
3. **Letter of Intent/Cover Letter**
4. **Description of Placement Requirements**
5. **Proof of Negative PPD (TB Skin test) along with a copy of your shot records**
6. **Insurance Certificate (if you are registered with Volunteer & Service-Learning Center then you are covered under 1/3 Insurance Policy, this policy can be viewed at www.cimaworld.com)**
7. **Drug Screen**

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I understand that any false information or omissions may be grounds for rejection of my application or dismissal if I am accepted for the practicum

I authorize previous employers, educational institutions, professional certification boards and others to provide any information, including otherwise confidential or privileged information, requested by Walter B. Jones, ADATC in its evaluation and verification of this application and of my credentials and qualifications for the practicum.

Signature _____ Date _____

APPLICATION FOR EMPLOYMENT

State of North Carolina

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

THE STATE EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR STATE EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
- APPLY FOR ONE VACANCY PER APPLICATION.
- IF YOU ARE A RIF APPLICANT WITH PRIORITY- PLEASE CHECK THE APPROPRIATE BOX.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN STATE GOVERNMENT. NORTH CAROLINA WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

PD 107 (REV 06/2009)

Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

<p>Date of Birth</p> <p>_____</p> <p>(Month) (Day) (Year)</p> <p>Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.</p>		
<p>ETHNIC GROUP</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> White (non-Hispanic) 2. <input type="checkbox"/> Black (non-Hispanic) 3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race) 4. <input type="checkbox"/> Asian (including Pacific Islander) 5. <input type="checkbox"/> American Indian (including Alaskan native) 	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; padding: 0;"> <p>A <input type="checkbox"/> None/Prefer not to report</p> <p>B <input type="checkbox"/> Blind or severely visually impaired</p> <p>C <input type="checkbox"/> Deaf or severely hearing impaired</p> <p>D <input type="checkbox"/> Loss of limited use of arms and/or hands</p> <p>E <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p>F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p> </td> <td style="width: 33%; vertical-align: top; padding: 0;"> <p>G <input type="checkbox"/> Respiratory impairment</p> <p>H <input type="checkbox"/> Nervous system/Neurological disorder</p> <p>I <input type="checkbox"/> Mentally restored</p> <p>J <input type="checkbox"/> Mental retardation</p> <p>K <input type="checkbox"/> Learning disability</p> <p>L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</p> <p>M <input type="checkbox"/> Other (please specify)</p> <p>_____</p> </td> </tr> </table>	<p>A <input type="checkbox"/> None/Prefer not to report</p> <p>B <input type="checkbox"/> Blind or severely visually impaired</p> <p>C <input type="checkbox"/> Deaf or severely hearing impaired</p> <p>D <input type="checkbox"/> Loss of limited use of arms and/or hands</p> <p>E <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p>F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p>	<p>G <input type="checkbox"/> Respiratory impairment</p> <p>H <input type="checkbox"/> Nervous system/Neurological disorder</p> <p>I <input type="checkbox"/> Mentally restored</p> <p>J <input type="checkbox"/> Mental retardation</p> <p>K <input type="checkbox"/> Learning disability</p> <p>L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</p> <p>M <input type="checkbox"/> Other (please specify)</p> <p>_____</p>
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APPLICATION FOR EMPLOYMENT		STATE OF NORTH CAROLINA	Date of Application			
Last 4 digits of Social Security No.	Last Name	First Name	Middle Name			
Address (Street number and name)		City	County			
State	Zip Code	Phone (Home or where you can be reached)	Business Phone			
Availability Do you now work for the State of NC? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a layoff candidate with the State of N.C. eligible for RIF priority reemployment consideration as described by GS 126: <input type="checkbox"/> YES <input type="checkbox"/> NO Notification Date: _____ Are you related by blood or marriage to any person now working for the State <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name, relationship to you and the agency where employed.		If subject to Military Selective Service registration, certify compliance by initialing dotted line			
Military Service Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input type="checkbox"/> NO At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO Give dates of your (or spouse's) qualifying active military service: Entered: _____ Separated: _____ Branch: _____ Rank _____						
AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO						
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 7. Shift or Split Shift Work If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____ Will you accept work anywhere in N.C.? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, list below the counties in which you would be willing to work.) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____						
Job Applied For Enter below the specific title and vacancy number of the job for which you are applying. Job Title: _____ Vacancy Number: _____						
Referral Source Please indicate your referral source: _____ If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____						
Education Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.						
Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Special training programs and seminars you have completed in the last five years (list):						
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:						
Current professional status: (List fields of work for which you have been registered)						
Registration: _____			State: _____		No. _____	
Registration: _____			State: _____		No. _____	

Membership in professional, honorary, or technical societies (list):	DO NOT COMPLETE THIS BLOCK DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible:
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Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

CHECK the following skills, experiences, etc., which you have:

- | | | |
|--|---|--|
| <input type="checkbox"/> Driver's License _____
Number _____ State _____ | <input type="checkbox"/> Sign Language _____ | <input type="checkbox"/> Legal transcription _____ |
| <input type="checkbox"/> Chauffeur's License _____
Number _____ State _____ | <input type="checkbox"/> Foreign language (specify) _____ | <input type="checkbox"/> Medical transcription _____ |
| <input type="checkbox"/> Car for use at work _____ | <input type="checkbox"/> Adding Machine/calculator _____ | <input type="checkbox"/> Braille _____ |
| | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Word Processing _____ |
| | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other _____ |

Have you ever been convicted of an offense against the law other than a minor traffic violation? (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.) YES NO (If yes, explain fully on an additional sheet.)

WORK HISTORY (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Current or Last Employer:	Address:		
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Job Title:	Supervisor's Name	Telephone Number	No. Supervised by you:
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Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
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Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:
Full Time Years Months	
Part Time Years Months	
If part time, number of hours worked per week:	

Employer:	Address:		
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Job Title:	Supervisor's Name	Telephone Number	No. Supervised by you:
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Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
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Full Time Years Months	
Part Time Years Months	
If part time, number of hours worked per week:	

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, 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 (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature of Applicant (unsigned applications will not be processed)

Date