



Personal Information

First Name: _____

Middle Name: _____

Last Name: _____

Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Work Eligibility

Are you eligible to work in the United States? Yes No

When will you be available to begin work? _____ (Month/Year)

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes No

If yes, please explain: _____

Do you have other special training or skills (additional spoken or written languages, Braille, sign language, etc.)? _____

How did you hear of our organization? _____

Availability

Days Available

Sun. Mon. Tues. Wed. Th. Fri. Sat.

Total Hours Available: _____ Hours Available: from _____ to _____

Are you willing to travel to multiple counties to work? Yes No

If yes, please list the counties: _____



**MINI CENTER INSTRUCTOR
 APPLICATION**

Education

High School: _____ City: _____ State: _____

College: _____ City: _____ State: _____

Course of Study: _____ # of Years Completed: _____

Did You Graduate? Yes No

Degree: _____

Equal Opportunity Information

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, sex, color, national origin or disabilities in employment or provision of services.

Employment History

Please give an accurate employment record. Start with present or most recent employer. Include military experience if applicable.

Employer Name: _____ City: _____ State: _____

Employer Phone Number: _____

Job Title: _____

Name of Supervisor: _____

Employed (Month and Year) From: _____ To: _____

Describe your work: _____

Employer Name: _____ City: _____ State: _____

Employer Phone Number: _____

Job Title: _____

Name of Supervisor: _____

Employed (Month and Year) From: _____ To: _____

Describe your work: _____

Employer Name: _____ City: _____ State: _____

Employer Phone Number: _____

Job Title: _____

Name of Supervisor: _____

Employed (Month and Year) From: _____ To: _____

Describe your work: _____



Please provide the name, address and telephone number of at least two references. At least one reference should be a professional reference.

Please also include a statement regarding why you want to be a Mini Center Instructor.

Conditions of Employment

The North Carolina Division of Services for the Blind sets high standards for its vendor as a Mini Center Instructor, and compliance with these standards is required. You need to carefully consider what we would require of you before you accept an opportunity to join our team. As a vendor, you must do everything you can to provide quality services for our consumers.

- Maintaining confidentiality
- Following agency policies and procedures
- Following our standards of professionalism
- Completing necessary training requirements
- Treating team members and supervisors with respect
- Meeting standards of work quality and quantity
- Arriving on time
- Maintaining a positive, enthusiastic attitude

Are you willing and able to comply with all the requirements listed? Yes No

If your answer is no, or if you have concerns about being able to comply with any of these requirements, please explain: _____

If your application is approved, the next step will involve passing these screenings before you can be offered a position.

- U.S. or State government issued photo ID check
- Criminal Background Check
- Drug Screening

Signature: _____ Date: _____