N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SERVICES FOR THE BLIND
INDEPENDENT LIVING REHABILITATION

MINI CENTER INSTRUCTOR APPLICATION

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: _____

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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: _____
_____

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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 two references:

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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 contractor, 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: _____