



Today's Date _____



A Presbyterian Homes, Inc. Community

APPLICATION FOR EMPLOYMENT

Please fill in all sections, giving complete and accurate answers. Please print in black or blue ink.

Personal Data

Name _____ SS# _____
FIRST MIDDLE LAST

Home Phone _____ Cell Phone _____

Email Address _____

List addresses for the past five years beginning with the current address.

_____ – Present _____
FROM TO STREET CITY STATE ZIP

_____ – _____
FROM TO STREET CITY STATE ZIP

_____ – _____
FROM TO STREET CITY STATE ZIP

_____ – _____
FROM TO STREET CITY STATE ZIP

_____ – _____
FROM TO STREET CITY STATE ZIP

Date of birth if under 18 years of age _____

Are you a U.S. citizen? Yes No If Alien, list Registration Number _____

If Alien, are you legally eligible to work in US? Yes No

If yes, can you provide the documents required to prove that you are authorized to work in the US? Yes No

Personal interests, hobbies, sports, civic activities, clubs, etc.

Due to the excessive number of applications being received we ask that you **do not call** to check on the status of your application. Applications will be forwarded to the proper manager as positions become available. Background and reference checks, drug screens and TB tests will be completed prior to any official offer being made.

Employment

Which position(s) are you applying for?

(1st choice) _____

(2nd choice) _____

(3rd choice) _____

Full-Time Part-Time

Pay expected \$ _____

Specific days and hours _____ Date available for work _____

Name of relatives/friends employed by PH Inc. _____ Relationship _____

Referral Source _____

Have you ever worked for us before? Yes No If yes, which department? _____

Employer _____ Phone _____

Address _____

Name of immediate supervisor _____

Date _____ - _____ Salary \$ _____
FROM TO

Describe your work responsibilities _____

Reason for leaving _____

Employer _____ Phone _____

Address _____

Name of immediate supervisor _____

Date _____ - _____ Salary \$ _____
FROM TO

Describe your work responsibilities _____

Reason for leaving _____

Employer _____ Phone _____

Address _____

Name of immediate supervisor _____

Date _____ - _____ Salary \$ _____
FROM TO

Describe your work responsibilities _____

Reason for leaving _____

May we contact your current and past employers? Yes No _____

SIGNATURE OF APPLICANT

Education

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

	SCHOOL NAME	# OF YEARS ATTENDED	DID YOU GRADUATE?
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post Graduate	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Professional Qualifications

Registered Nurse _____
NC Certificate No. _____ Year of Expiration _____
Renewal License No. _____

Licensed Practical Nurse _____
NC Certificate No. _____ Year of Expiration _____
Renewal License No. _____

Other _____
NC Certificate No. _____ Year of Expiration _____
Renewal License No. _____

Professional (not social or civic) organizations to which you belong _____

General

Please use the following space to indicate any experience, skills (computer, equipment, etc.) or qualifications which you feel would especially qualify you for employment with this company.

Background

Have you ever been convicted of a crime (felony or misdemeanor) Yes No

If yes, explain when, where and disposition of the case.

Are you presently under any probationary sentence? Yes No

If yes, explain when, where and disposition of the case.

Have you ever received disciplinary action, citations, convictions, charges or complaints of mistreating those in your care? Yes No

If yes, explain when, where and disposition of the case.

Please read carefully.

It is the policy of the Presbyterian Homes to provide equal opportunity without discrimination as to race, color, creed, religion, gender, national origin, age, disability or veteran status. This application will be retained by the Presbyterian Homes for active consideration not longer than **thirty (30) days** from the date of application.

I certify that the statements made in this application are true, complete and correct. I understand that the company will verify the above facts, including references with former employers, individuals and schools and that any misrepresentation or omission of information shall be sufficient reason when it becomes known for withdrawal of an offer or subsequent dismissal if employed.

I understand that if employed my work will be subjected to a **ninety (90) day** evaluation period at the beginning to determine if I am suitably adapted to the work assigned. However, I further understand that my employment may be terminated by the company at any time either during or after the evaluation for any reason or no reason without notice. I understand that the company's policies, practices and benefits including but not limited to those described in employee handbooks, benefits summaries and company manuals are subject to change or elimination at any time at the election of the company I acknowledge that no promises have been made to me that this application is not a contract of employment.

I acknowledge having read the foregoing carefully.

I hereby certify that I have read, reviewed and understood the job description(s) for

(1st choice) _____ and

(2nd choice) _____ and

(3rd choice) _____ and

hereby certify that I **CAN** or **CANNOT** (circle one) perform the essential job functions for this position.

SIGNATURE OF APPLICANT



A Presbyterian Homes, Inc. Community

Authority to Release Information

To whom it may concern:

I hereby authorize any representative of the Presbyterian Homes Inc. bearing this release or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military or educational records including, but not limited to academic performance, attendance, disciplinary, and personal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Presbyterian Homes, Inc. in evalutaion of my application for employment.

Print full name below.

FIRST	MIDDLE	LAST
_____		SS# _____
MAIDEN NAME IF APPLICABLE		
_____		_____
SIGNATURE		DATE

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A Presbyterian Homes, Inc. Community

New Employee Exclusion Request Form

To whom it may concern:

Date _____

Employee Name _____

Employee Address _____

FOR ADMINISTRATION USE ONLY

Checked GSA _____

Checked OIG _____

Checked NSOPW _____

Approved Not Approved

SIGNATURE OF PERSON CONDUCTING CHECK

DATE

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reference

C H E C K I N G

Authorization to Obtain Records and Other Information for Employment Purposes

NAME (First, Middle (full), Last) _____ MAIDEN NAME or ALIAS (First, Middle (full), Last) _____

CURRENT STREET ADDRESS, CITY, STATE, ZIP _____ HOW LONG? _____

FIRST PREVIOUS STREET ADDRESS, CITY, STATE, ZIP _____ HOW LONG? _____

SECOND PREVIOUS STREET ADDRESS, CITY, STATE, ZIP _____ HOW LONG? _____

APPLICANT SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ DRIVER'S LICENSE # AND STATE ISSUED _____ MALE / FEMALE (circle one)

WAIVER

I hereby authorize Capital Associated Industries Services Corporation (CAI) to prepare a consumer report that will include my present and previous employment information, including salary as well as work performance. I also authorize CAI to verify my past and present driving records, education records, credit history, professional credentials, and other records as may be appropriate. I further authorize CAI to perform a criminal records search.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims that I have or may have against all current and/or former employers, and their agents, employees, and representative and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

California, Minnesota and Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. Yes No

SIGNATURE _____ DATE _____

For office use only

Fax to 1-919-876-6272

COMPANY NAME _____ REQUESTOR _____

- Criminal Record Credit Report Motor Vehicle Record Social Sec. No. Trace OIG Federal Record

For Georgia criminal searches only: (must check one)

- Employment with Mentally Disabled (Purpose Code M)
 Employment with Elder Care (Purpose Code N)
 Employment with Children (Purpose Code W)
 None Apply

CRIMINAL (where) 1 _____ 2 _____ 3 _____

EMPLOYMENT 1 _____ 2 _____ 3 _____

PROFESSIONAL LICENSE VERIFICATION _____ EDUCATION VERIFICATION _____

