

**Application for Employment
Glenaire
An Equal Opportunity Employer**

PLEASE FILL IN ALL SECTIONS, GIVING COMPLETE AND ACCURATE ANSWERS. PLEASE PRINT IN BLACK OR BLUE INK.
(If you desire, you may supplement this form with a letter or resume.)

Today's Date _____

Personal Data:

Name _____
(First) (Middle) (Last)

Social Security Number _____

List addresses for the past five years beginning with the current address. Include Street, City, State and Zip Code:

_____ Present _____

From To _____

From To _____

From To _____

From To _____

Telephone Number _____ Cellular Number _____

Email Address _____

U.S. Citizen? Yes No If Alien, List Registration Number _____

If Alien, are you legally eligible to work in U.S.? Yes No

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

Date of birth, if under 18 years of age _____

Personal interest: Hobbies, sports, civic activities, clubs, Etc. _____

Employment

What position are you applying for? _____

Do you want to work: Full-Time Part-Time

Specific days and hours _____

Rate of pay expected _____

Date available for work _____

Name of relatives or friends employed by PHI, Inc. _____

Relationship of relatives? _____

Referral Source _____

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

Reason for leaving: _____

Employment history (List in order ñ current or last employer first. List ALL Previous employers, please add an additional sheet if necessary)

A. Employer _____ Phone _____

Address _____

Name of immediate supervisor _____

Date started _____ Date left _____ Salary _____

Description of work responsibilities _____

Reason for leaving _____

B. Employer _____ Phone _____

Address _____

Name of immediate supervisor _____

Date started _____ Date left _____ Salary _____

Description of work responsibilities _____

Reason for leaving _____

C. Employer _____ Phone _____

Address _____

Name of immediate supervisor _____

Date started _____ Date left _____ Salary _____

Description of work responsibilities _____

Reason for leaving _____

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

Signature/Date

Education

Circle the highest grade completed Name and location of school Last year
1 2 3 4 5 6 7 8 9 10 11 12

	Number of years attended	Did you graduate?
College _____	_____	_____
Post Graduate _____	_____	_____
Trade School _____	_____	_____
Other _____	_____	_____

Professional Qualifications

- A. Registered Nurse _____
NC Certificate No. _____ Year of Expiration _____
Renewal License No. _____
- B. Licensed Practical Nurse _____
NC Certificate No. _____ Year of Expiration _____
Renewal License No. _____
- C. Other _____
NC Certificate No. _____ Year of Expiration _____
Renewal License No. _____
- D. 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. _____

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.

**SIGNATURE OF APPLICANT
APPLICATION MUST BE SIGNED**

