



A Division of The Presbyterian Homes, Inc.
An Equal Opportunity Employer

Application for Employment

1. Please fill in all sections, giving complete and accurate responses.
2. Please print in black or blue ink.
3. You may supplement this form with a resume but must still fully complete this application.

Today's Date _____

Personal Data:

Name _____ Social Security # _____
First Middle Last

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

Present _____

Previous: _____ Dates: _____

Previous: _____ Dates: _____

Previous: _____ Dates: _____

Previous: _____ Dates: _____

Telephone Number _____ Cell/Alternate Number _____

Email Address _____

Are you a U.S. Citizen? Yes _____ No _____

If you are a Resident Alien, list Registration Number _____

If you are a Resident Alien, are you legally eligible to work in the United States? Yes _____ No _____
If yes, can you provide the documentation required to prove that you are authorized to work in the United States? Yes _____ No _____

Date of birth, **if under 18 years of age** _____

Employment:

What position are you applying for? _____

Specify the following: Full-time___ Part-time___ Days_____ Shift _____

Rate of pay expected _____ Date available for work _____

Name of relatives employed by Glenaire _____

Relationship of relatives _____

Name of friends employed by Glenaire _____

Have you worked for Glenaire before? Yes___ No___ If yes, what department? _____

Reason for leaving: _____

Employment History:

List in order, current or last employer first. List **all** previous employers. Please add an additional sheet if necessary.

Employer: _____ Phone: _____ Salary: _____

Address: _____

Supervisor: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Job Duties: _____

May we contact this employer? Yes _____ No _____

Employer: _____ Phone: _____ Salary: _____

Address: _____

Supervisor: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Job Duties: _____

May we contact this employer? Yes _____ No _____

Employer: _____ Phone: _____ Salary: _____

Address: _____

Supervisor: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Job Duties: _____

May we contact this employer? Yes _____ No _____

Employer: _____ Phone: _____ Salary: _____

Address: _____

Supervisor: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Job Duties: _____

May we contact this employer? Yes _____ No _____

Education:

School	Name and Location	Years Attended	Major	Diploma or Degree
High School				
College				
Post Graduate				
Trade School				
Other				

Professional Qualifications:

A. Registered Nurse _____ NC Certificate No. _____ Expiration Date: _____
Renewal License No. _____

B. Registered Nurse _____ NC Certificate No. _____ Expiration Date: _____
Renewal License No. _____

C. Registered Nurse _____ NC Certificate No. _____ Expiration Date: _____
Renewal License No. _____

D. Other _____ Expiration Date: _____
NC Certificate No. (if applicable) _____ Renewal License No. (if applicable) _____

E. Professional (not social or civic) organizations to which you belong:

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

Personal interests: Hobbies, sports, civic activities, clubs, etc.

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

I acknowledge having read the paragraphs above carefully.

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

(1st choice)_____ and/or

(2nd choice)_____ and

(3rd choice)_____ and

Hereby certify that I can perform the essential job functions for this position.

Signature of Applicant _____ Date _____

APPLICATION IS NOT VALID IF NOT SIGNED.



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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 the date below, to obtain any information in your files pertaining to my employment, military or educational records. This includes, but is 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 evaluation of my application for employment.

Full Name (Print) _____
 First Middle Last

Maiden Name (if applicable) _____

Social Security Number _____

Signature _____ Date _____