

APPLICATION FOR EMPLOYMENT

Please fill out application entirely. Full disclosure is required and if information is not accurate or if information is falsified, your application will be disqualified for consideration. If offered a position with the company and hired, you could face termination after-the-tact if information given herein is discovered to be falsified.

PERSONAL INFORMATION **Date:** _____ **Position:** _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____

DOB: _____ SS#: _____ DL#/State _____

Emergency Contact _____ Phone: _____

List any medical conditions you may have that could interfere with your work performance or required duties: _____

Please list any medication you are currently taking and the prescribing physician:

Do you Smoke?	Yes	No	Do you drink alcoholic beverages?	Yes	No
How much/How Often/Comments _____					

Have you been a North Carolina resident for the last 5 years?	Yes	No	Have you lived outside of North Carolina anytime in the last 5 years?	Yes	No
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If you have lived in another state or country, please specify: _____

Have you ever been convicted of a crime other than a minor traffic violation? This will be discovered upon background check so please be truthful.

Yes	No	If yes, please explain in detail on reverse of this sheet.
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Is your driver's license valid? Yes No

If no, please explain _____

Do you have YOUR OWN transportation to and from work? Yes No

What means of transportation would you use on a regular basis?

Other than occasional illness or emergencies, is there **any personal or family issue or condition** that would prevent you from being at work or getting to work as scheduled and on time? Please explain in detail.

Availability: (Check all that apply)

Days _____ (7am-3pm)
Evenings _____ (3pm-11pm) Weekends: _____
Nights _____ (11pm-7am)
Full-time _____ Part-time _____
If employed at WBEC, would you also be employed elsewhere? Yes No
If yes, where and what hours? _____

Education:

Last grade completed: _____
High School Diploma: Yes No Where: _____
GED: Yes No Where: _____
College (years complete/location): _____
Date of Graduation: _____ Degree: _____

Professional licenses/certifications: PCA CNA Med Tech Serv-Safe CPR
Other: _____
Is certification current (NOT EXPIRED)? Yes No

Other education/experience or qualifications relating to the job for which you are applying. _____

Past Employment: List your past 3 employers with complete information including current employment. Be aware all information will be verified and incomplete information may result in disqualification.

1) Name of employer: _____
Address/City/State: _____

Supervisor: _____
Employment dates: _____ Pay Rate _____
Reason for leaving: _____

2) Name of employer: _____
Address/City/State: _____

Supervisor: _____
Employment dates: _____ Pay Rate _____
Reason for leaving: _____

3) Name of employer: _____
Address/City/State: _____

Supervisor: _____
Employment dates: _____ Pay Rate _____
Reason for leaving: _____

Explanation for any lapse in time of employment:

Personal References: List 3 personal references and **do not include family members or relatives.**

- 1) Name: _____ Phone: _____
Address: _____
Years Acquainted: _____ Relationship _____
- 2) Name: _____ Phone: _____
Address: _____
Years Acquainted: _____ Relationship _____
- 3) Name: _____ Phone: _____
Address: _____
Years Acquainted: _____ Relationship _____

Please any list family member(s)/relationship currently employed by this company:

Please be aware that if you have left out pertinent employment information or falsified information, you will be disqualified for consideration and if we discover falsified information after your date of hire, termination will be immediate.

Please be aware that physical/verbal abuse, mishandling or neglect of any resident, regardless of condition or circumstance, and non-emergent abandonment of shift is cause for immediate termination and will be reported to the Nurse Aide Registry. We are a healthcare facility providing care in and during weather emergencies and I understand that I will be expected to work my scheduled shift during emergencies/other situations.

Please sign that you understand and agree to this clause.

Signature: _____

I attest the information given in this application is true and accurate to the best of my knowledge. **I understand that as a condition of my employment, Waterbrooke of Elizabeth City reserves the right to drug test, perform criminal backgrounds checks and social media checks at any time during the course of my application process or at any time during my employment.** I understand that if information in this application is found to be fraudulent and/or pertinent information has been omitted, my employment will be terminated immediately. I also understand Waterbrooke of Elizabeth City is an equal opportunity employer. By signing below, I understand and agree with all terms of the application.

Signature: _____

I understand my employment is subject to a 90 day review and I am considered temporary until a satisfactory review and will have no right to unemployment until my temporary period is complete with a satisfactory review. During my 90 day temporary employment, I understand that reprimands (verbal or written) and call-outs without a doctor's note are not acceptable and may terminate my employment and prohibit employment with the company. An evaluation by the administrator will be done within the last week of my 90 days to determine qualification for further employment. ** Please be aware if you are applying for a direct care position (Aide or Med Tech), registry checks are done upon consideration of hire, at the 90 day review and annually thereafter.

Signature: _____

Date: _____

Background Checks

Authorization for Release of Information

To: Any registrar, dean, principal, other authorized person or school, any former employer, law enforcement agency, department or agency of a city, county, state or federal government, any person having a knowledge of y conduct or activities, or any concerned credit bureau.

I hereby authorize this Company or authorized representative bearing this release or copy thereof, and requester listed below to conduct a background check, including but not limited to educational records, worker's compensation records, court documents or other public records, driving records, criminal records, credit reports, social media checks and employment records.

I authorize all persons who may have information relevant to this check to disclose this information to this Company or its agent(s), and I hereby release all persons from liability on account of such disclosure. This release shall remain in effect for the duration of my employment. I hereby further authorize that a photocopy or fax of this authorization may be considered valid as an original. Should there be questions as to the validity of this release I can be contacted as indicated below.

Signature of Applicant: _____ Date _____

Printed Name: _____
(Last) (First) (MI)

Permanent Address: _____
(Street)

(City) (State) (Zip)

Date of Birth: ____/____/____ Social Security #: _____

Driver's License # _____ State: _____ Date of Issue: _____

Any other names or addresses you have used in the last 10 years:

-----Do Not Write Below This Line-----

Management Review for completion _____ Date _____

Interview Scheduled? Yes No Date/Time of Interview: _____

Hold for future reference? Yes No Explanation if No _____

Hire Date: _____ By: _____ Rate: _____

Position: _____ Orientation Begins: _____