



IMPORTANT APPLICANT INFORMATION: All qualified applicants will receive consideration without discrimination due to gender, religion, marital status, age, creed, national origin, race, pregnancy, presence of disabilities, sexual orientation, and any other status protected by law. Equal Opportunity Employer

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Driver's License: _____ Expiration Date.: _____ Vehicle Make/Model _____

Insurance Company & Policy Number: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you had any moving violations? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Medical Information

Recent Hepatitis B _____
TB Test? _____ Vaccine: _____ Date: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize Care Alternatives to make any investigation and inquires necessary in connection with my application of employment and release all parties from any liability for any damage that may result from this information. I also understand that, if hired, my employment is for no definite period and may be terminated at any time. I certify that I have read and understand this application note.

Signature: _____ Date: _____

See Next Page for Reference and Background Check Waiver



Care Alternatives is an equal employment opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, sexual orientation, marital status, military status, or the presence of any non-job-related medical condition or handicap. Please keep in mind that the questions contained in our application are not intended to be discriminatory based on any non-job-related information.

APPLICANT CONSENT TO REFERENCE AND CRIMINAL BACKGROUND CHECKS:

We want you to know that we will be checking your references as part of our hiring process. This may include contacting your former employers, as well as friends, acquaintances and business associates. We may ask a series of questions about your personal background, work experience, character, education and personality. We use Castle Branch to check your criminal background. We will do a search only for North Carolina so far as you have lived in NC for 5 consecutive years. If you have not lived in North Carolina for the required 5 consecutive years than we will use Castle Branch to access a nation criminal background check.

AFTER READING THIS POLICY, PLEASE INDICATE YOUR AGREEMENT BY SIGNING IT IN THE SPACE PROVIDED:

I have read and fully understand the foregoing and voluntarily consent to allow CARE ALTERNATIVES to check my references by contacting any person whom they deem to be an appropriate reference. Questions may be asked about my personal background, work experience, personality, personal habits and education. A criminal background check will be performed.

Applicant Signature

Date

Date of Birth