

## CEDARS OF CHAPEL HILL CLUB, INC. APPLICATION FOR EMPLOYMENT

If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. **Please complete both sides of this form.** If more space is needed to complete any question, use an extra sheet of paper. **Print clearly and complete all sections as noted; illegible or incomplete applications will not be processed.**

All qualified applicants will receive consideration without discrimination because of race, color, religion, sex, age, disability, national origin or veteran status.

Last Name	First Name	Middle Name	Are you 18 years or older?
Street Address		Legally eligible for employment in the U.S: Yes No (circle one)	
City	State	Zip	Telephone No.(s)
Position(s) you are applying for		Date Available	Minimum Salary Desired
Name(s) of relatives employed by us	Location/Department	Position	Relationship to you
Have you applied for a position with us before?	If yes, please give date(s) and position(s) applied for.		
Have you ever been employed by us?	Dates	Position(s)	
High School	Location	Did you graduate?	Major Subject
College	Location	Did you graduate?	Major Subject
Trade School (If CNA, list school attended)	Location	Did you graduate? If CNA, did you get a certificate?	Major Subject
RN and LPN license number:			

List employment starting with your most recent job during the last 10 years. **Account for any time period that you were unemployed by stating the nature of your activities.** Use a separate sheet of paper, if necessary.

Employer	Telephone No.	From	To	Starting Salary	Ending Salary
Street Address		Position		Duties	
City	State	Zip Code		Supervisor's Name and Phone Number	
Reason for leaving					
Employer	Telephone No.	From	To	Starting Salary	Ending Salary
Street Address		Position		Duties	
City	State	Zip Code		Supervisor's Name and Phone Number	
Reason for leaving					
Employer	Telephone No.	From	To	Starting Salary	Ending Salary
Street Address		Position		Duties	
City	State	Zip Code		Supervisor's Name	
Reason for leaving					

(complete other side)

Employer	Telephone No.	From	To	Starting Salary	Ending Salary
Street Address		Position		Duties	
City	State	Zip Code		Supervisor's Name and Phone Number	
Reason for leaving					
Employer	Telephone No.	From	To	Starting Salary	Ending Salary
Street Address		Position		Duties	
City	State	Zip Code		Supervisor's Name and Phone Number	
Reason for leaving					
Employer	Telephone No.	From	To	Starting Salary	Ending Salary
Street Address		Position		Duties	
City	State	Zip Code		Supervisor's Name	
Reason for leaving					

May we contact your present employer?

List any professional groups, trade groups, or other organizations you belong to that you consider relevant to your ability to perform the job(s) for which you are applying:

List experience from your military service that would be relevant to the job(s) for which you are applying:

Have you ever been convicted of a felony?  Yes  No If Yes, please explain

Answer these questions **only** if you have received a copy of the job description or had the requirements of the job thoroughly explained to you:

Yes  No Have you been given a job description or had the requirements of the job explained to you?

Yes  No Do you understand the requirements?

Yes  No Can you perform the requirements of this job with or without reasonable accommodations?

Yes  No If the job requires, do you have the appropriate valid driver's license?

Driver's License Number \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I UNDERSTAND:**

-that completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

-that giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment.

-that I may be required to complete a medical history form and may be required to be examined by a medical professional designated by The Cedars of Chapel Hill Club, Inc.

-that if I sustain any injury or illness in the employment of The Cedars of Chapel Hill Club, Inc., I agree that The Cedars of Chapel Hill Club, Inc. shall be entitled to receive full and complete reports and records covering any medical or related exams, and I authorize any and all such doctors, medical examiners, and hospitals to give to The Cedars of Chapel Hill Club, Inc. full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

**AUTHORIZATION TO RELEASE INFORMATION**

If I am given a conditional offer of employment, I authorize Cedars of Chapel Hill Club to make a complete investigation of me, including but not limited to: my past employment history, medical history, scholastic records, criminal records, abuse records, motor vehicle driving records, and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for issuing this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

By signing below, I certify that I have not been convicted of an offense that would preclude working in a nursing facility. I also certify that I am not excluded from participation in federal health care programs. Furthermore, I understand that I will be subject to a search of the OIG List of Excluded Individuals, and that a comprehensive criminal background screening will be completed by a third party organization acting on behalf of Cedars of Chapel Hill. If the findings of that background screening result in a refusal to hire, I will be notified in writing and may request a copy of the findings from the third party organization.

I understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand that this employment application and any other employee-related documents are not contracts of employment; and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

**Last 4 digits of your Social Security Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE INDICATE DAYS AND HOURS YOU ARE AVAILABLE TO WORK (be specific)						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

**I first heard about this employment opportunity through: (mark ONLY ONE)**

<input type="checkbox"/>	Name of Newspaper: _____	<input type="checkbox"/>	HHA In-House Training Program
<input type="checkbox"/>	Open House	<input type="checkbox"/>	Cable TV Advertising
<input type="checkbox"/>	Direct Mail to Former Employees	<input type="checkbox"/>	Radio Advertising
<input type="checkbox"/>	Direct Mail	<input type="checkbox"/>	Walk-in
<input type="checkbox"/>	Schools/Colleges	<input type="checkbox"/>	Website
<input type="checkbox"/>	Employee Referral; Name of Employee: _____	<input type="checkbox"/>	Other
<input type="checkbox"/>		<input type="checkbox"/>	