



*The GrayBrier
Nursing & Rehabilitation Center*

Applicant Name: _____

**APPLICATION FOR
EMPLOYMENT**

THIS FACILITY IS AN EQUAL OPPORTUNITY EMPLOYER

** NC Statewide &/or Federal Criminal Background Check required prior to employment.

** Providing false information on this application form, specifically including, but not limited to, information related to a prior criminal record will result in immediate discharge from employment. A prior criminal record will not necessarily disqualify you from employment. Answer each question on this application in a full and truthful manner. By signing your name at the end of this application, you affirm that your answers on this application are true, correct, and complete.

Date Application Submitted: _____

EMPLOYMENT DESIRED

Position applied for: _____ Date you can start: _____

Full Time Part Time

1st Shift 2nd Shift 3rd Shift

Are you currently employed? Yes No → If "Yes," may we contact your Employer? Yes No
Name of Current Employer _____
Contact Name _____ Phone Number _____

Have you ever been employed by The GrayBrier Nursing & Rehabilitation Center?
 Yes No If "Yes," list dates of employment: _____
If "Yes," did you have another name (first or last) at that time? If so, please list it:

List any relatives working for The GrayBrier: _____

PERSONAL INFORMATION

Name:	_____	_____	_____	_____
	First	Middle	Last	Nickname
Address:	_____		_____	
	Street Address		Apt. #	
	_____		_____	
	City	State	Zip Code	

Email Address: _____

Home Phone: () -	Best Time to Contact:
Cell Phone: () -	
Alt. Phone: () -	SS # : _____ - _____ - _____

Are you over 18 years of age?	→	If no, do you have a work permit?
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you a US Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, do you have a work visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you applied for a visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain: _____		

Have you ever been excluded from participation in any state or federal health care program?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list dates & facts of circumstance: _____

Have you lived in North Carolina for the past 5 consecutive years?
Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATIONAL BACKGROUND

Check highest grade completed:
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
If you did not complete high school, do you have a high school equivalency diploma?
Yes <input type="checkbox"/> No <input type="checkbox"/>

Check number of years of post high school education (Jr. College, College, Graduate School):

1 2 3 4 5 6 7 8

	Name & Location of Institution	Dates Attended	Did you Graduate?	Major/Speciality
High School				
Trade School				
College				
Graduate School				

Other special skills & training:

What do you feel, is your biggest strength?

Any Licenses/Certifications held:

U.S. Military Service (include branch, dates of service & rank):

PERSONAL REFERENCES

(Please provide three names & information of persons not related to you, whom you have known at least one year)

NAME	ADDRESS	BUSINESS	PHONE #	YEARS KNOWN
			()	
			()	
			()	

CONTROLLED SUBSTANCE SCREENING

In accordance with N.C.G.S. §131E-114.4, we require that ALL prospective employees undergo a PRE-HIRE controlled substance screening test. Please note that if you desire employment with this facility, you will have to comply with this requirement with appropriate results, which will be explained prior to the initial screening.

APPLICANT, DO NOT WRITE BELOW THIS LINE

PERSONAL REFERENCE CHECKS

1	
2	
3	

Signature of GrayBrier Representative conducting the Reference Checks

EMPLOYMENT REFERENCE CHECKS

1	
2	
3	

Signature of GrayBrier Representative conducting the Reference Checks

Interviewed By: _____ Date: _____

REMARKS

Hire Date:	Start Date:	Department:
Position:	Rate of Pay:	FT/PT/PRN:
Hired By:		Orient Date:

Approved By: _____

The GrayBrier Nursing & Rehabilitation Center
116 Lane Drive
Trinity, NC 27370
(336) 431-8888 (336) 431-9053: Fax

Reference Request

From: _____

To: _____

Date: _____

APPLICANT: PLEASE COMPLETE AND SIGN BELOW:

I, _____ (Applicant's Name) give my permission for any of my previous employers to provide a complete reference of my previous employment to The GrayBrier via Fax or Phone Contact.

Applicant's Signature: _____

Date: _____

PREVIOUS EMPLOYERS COMPLETE INFORMATION BELOW:

The above referenced applicant has listed your firm as a previous employer. Please verify by answering the following:

Employment Duration: From: _____ To: _____

Position Held: _____

Attendance Record: _____

Reason for Leaving: _____

Would you rehire? _____

Signature and title of person completing form: _____

The above information will be held in strict confidence. Thank you for your cooperation.