**Applicant Name:** 



# APPLICATION FOR EMPLOYMENT

The GrayBrier Nursing L Rehabilitation Center

#### 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 🔲	$1^{st}$ Shift $\square$ $2^{nd}$ Shift $\square$ $3^{rd}$ Shift $\square$			
Are you currently employed?	If "Yes," may we contact your Employer?			
Yes D No D	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:		
A	First Middle	Last Nickname
Address:	Street Address	Apt. #
	City	State Zip Code
Email A	Address:	
Home I	Phone: ( ) -	Best Time to Contact:
Cell Ph	one: ( ) -	
Alt. Pho	one: ( ) -	SS # :
Are you	u over 18 years of age?	If no, do you have a work permit?
Yes		Yes No No
	Are you a US Citizen?	Yes No
	If no, do you have a work vis	a? Yes No
	Have you applied for a visa?	Yes No
Have you	a ever been convicted of a crime?	Yes No
If yes, pl	ease explain:	
Have you	a ever been excluded from particip	ation in any state or federal health care program?
	Yes	No 🗌
If yes, lis	st dates & facts of circumstance:	
Have you	u lived in North Carolina for the pa	st <b>5</b> consecutive years?
114,0 900		
	Yes 🗆	No L
	EDUCATIO	NAL BACKGROUND
Check hi	ghest grade completed:	
1		
If you die	d not complete high school, do you	have a high school equivalency diploma?
	Yes 🗖 No	

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

## 

	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.

#### FORMER EMPLOYMENT

(Please list below your past three employers, beginning with the most current)

(1) COMPANY NAME:				
Mailing Address:				
Current Phone #: ( )	Supervisor:			
Hire Date://	Length of Employment: [ ] Years [ ] Months			
Position & Skills Used:				
Reason for Leaving:				
Final Rate of Pay:				
(2) COMPANY NAME:				
Mailing Address:				
Current Phone #: ( )	Supervisor:			
Hire Date://	Length of Employment: [ ] Years [ ] Months			
Position & Skills Used:				
Reason for Leaving:				
Final Rate of Pay:				
(3) COMPANY NAME:				
Mailing Address:				
Current Phone #: ( )	Supervisor:			
Hire Date://	Length of Employment: [ ] Years [ ] Months			
Position & Skills Used:				
Reason for Leaving:				
Final Rate of Pay:				

## APPLICANT AUTHORIZATION

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature

Date

#### **CRIMINAL BACKGROUND CHECK AUTHORIZATION**

(This Application is **VOID** without signing this Authorization)

I acknowledge that this facility, The GrayBrier Nursing and Rehabilitation Center, must by state law conduct a minimum of a statewide (North Carolina) Criminal Background Check on all unlicensed personnel. If I have not lived in North Carolina for the past 5 consecutive years, I understand that a Federal Background Check will be conducted. As an applicant of this facility, I understand that prior to an employment offer, my criminal background will be reviewed. If I am employed by The GrayBrier Nursing and Rehabilitation Center, a fee of \$10.00 will be deducted from my first paycheck to cover the costs of conducting this Criminal Background Check.

By signing this authorization, I am giving The GrayBrier Nursing and Rehabilitation Center my permission to conduct a statewide and/or Federal Criminal Background Check and deduct the \$10.00 from my first paycheck upon employment.

Signature

Date

#### 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:

Г

#### 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**

## **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.