

SHARON TOWERS Application for Employment

The Presbyterian Home at Charlotte, Inc. • 5100 Sharon Road • Charlotte, NC 28210-4799

SHARON TOWERS IS A DRUG FREE WORKPLACE – An Equal Opportunity Employer

(PLEASE PRINT)

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Departments.

Position (s) applied for _____ Date of application ____/____/____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # (____) _____ Cell Phone # (____) _____

E-Mail Address _____

If necessary, best time to call you at home is _____AM _____PM

May we contact you at work? Yes No

If yes, work number and best time to call(____) _____AM _____PM

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application before? Yes No

If yes, give dates From ____/____/____ to ____/____/____

Have you ever been employed here before? Yes No

If yes, give dates From ____/____/____ to ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available for work _____/____/____

Type of employment desired Full-time Part-time PRN (*as needed) Temporary

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Do you have a current NC CNA license? Yes No

Educational Background IF JOB-RELATED

A. List last three (3) schools, attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. School	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider.

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	()	FROM	TO	
ADDRESS				
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>				
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	()	FROM	TO	
ADDRESS				
JOB TITLE				
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REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>				
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Comments: INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT: _____

Skills and Qualifications – Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I also understand that employment is based on satisfactory results of a drug screening test and criminal records verification, which may include fingerprinting.

North Carolina State Laws you are required to answer the following question;

I have lived in North Carolina for five (5) consecutive years? Yes No

The answer to above question will NOT affect your consideration for employment.

If you have **not** lived in North Carolina you will be required to bring a fingerprint card after your first interview.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

PRINT your Name _____

Signature of Applicant _____ Date ____/____/____

Please read carefully and sign below:

I authorize present and former employers, and individuals I have listed as personal references, to furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

Signature of Applicant _____ Date ____/____/____

DFWP Pre-Employment/Pre-Placement Consent

I understand, as required by the company policy, all prospective employees must submit to a drug and/or alcohol test. A urine specimen will be collected on site. If the test result is positive, the result will be reviewed, reported, and maintained by the Medical Review Officer (MRO) selected by the company and the drug(s) which were detected will be reported to myself and to the company. I will be given an opportunity to discuss a positive test result with the MRO before the test result is reported to the company as a verified positive. Test results will not be released to any additional parties without my written authorization.

I also understand that, if hired, I will be required to submit to additional drug and/or alcohol tests as outlined in the company policy.

I hereby agree to voluntarily submit to a drug and/or alcohol test and further understand that if said test(s) are positive for alcohol and/or verified positive for drugs by the MRO, I may be considered unqualified for employment by the company.

If you have any questions, please discuss them with the company before signing.

Company Name: Sharon Towers

Applicant's Signature: _____

Print Applicant's Name: _____

Today's Date: _____

Home Phone Number: _____

Cell Phone: _____

Test Date: _____

Time: _____

Please Note: E-Verify Employees Information

Federal law requires that all employers verify the identity and employment eligibility of all new employees (including U.S. citizens). The Department of Homeland Security (DHS) and the Social Security Administration (SSA) have established an electronic system called E-Verify to assist employers further in verifying the employment eligibility of all newly-hired employees. Sharon Towers will send information about you from your Form I-9 to SSA and DHS to ensure that you are authorized to work in the United States. As an employee you have certain rights and responsibilities, information is available in the Personnel Office.