

GREENE COUNTY HEALTH CARE, INC.

PO Box 658
302 N. Greene Street
Snow Hill, NC 28580

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, sex, disability, marital or veteran status, or any other legally protected status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

(PLEASE PRINT)

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Please be aware that none of the questions is intended to imply illegal preferences or discrimination based upon non-job related information.

Position(s) Applied For

Date of Application

Last Name

First Name

Middle Name

Address Number

Street

City

State

Zip Code

Telephone Number (s)

Social Security Number

Date

Available

Are you employed now? __yes__no If yes where? _____

Are you currently on "lay-off" status and subject to recall? __yes__no

May we contact your present employer? __yes__no

- ☐ Full Time
☐ Part Time
☐ Temporary

Are you related to any employee or Board Member of this Company? Yes __no__ If yes, who _____

Have you ever filed an application with us before? __yes__no If yes when? _____

Are you prevented from lawfully becoming employed in the US because of Visa or Immigration Status? __yes__no

If you are under 18 years of age, can you provide required proof of your eligibility to work? __yes__no __N/A

- ☐ Mornings
☐ Afternoon
☐ Evenings
☐ All day
☐ Weekends

Have you worked under any other name? __yes__no If yes, what name? _____

If driving is required for the position applied for, do you have a reliable means of transportation? __yes__no

Do you have a current valid North Carolina driver's license if necessary for work? __yes__no

Are you currently covered by auto liability insurance? __yes__no

Have you ever been convicted of any law violation (except a minor traffic violation)? __yes__no If yes, explain _____

EDUCATION

School	Name & Address Of school	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate				
College				
Graduate				
Professional				
Other				
(specify)				

CERTIFICATIONS, LICENSE, & REGISTRATIONS

List all fields of work for which you are (up-to-date) licensed, certified or registered, giving source of issuance.

List any pending action (revocation, suspension, restriction, censure, or provisional) against a license/certificate or registration issued to you that is required for this position.

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give name of firm and supply business references.

PLEASE GIVE MONTH AND YEAR

Name of Employer			Job Title & Duties
Address			
City, State, Zip Code			
Supervisor	Telephone #	Dates of Employment	From: To:
Name of Employer		Reason for Leaving:	
		Job Title & Duties	
Address			
City, State, Zip Code			
Supervisor	Telephone #	Dates of Employment	From: To:
Name of Employer		Reason for Leaving:	
		Job Title & Duties	
Address			
City, State, Zip Code			
Supervisor	Telephone #	Dates of Employment	From: To:
Name of Employer		Reason for Leaving:	
		Job Title & Duties	
Address			
City, State, Zip Code			
Supervisor	Telephone #	Dates of Employment	From: To:
Name of Employer		Reason for Leaving:	
		Job Title & Duties	

COMMENTS: Include explanation of any time gaps in employment

Describe any specialized job-related training, or skills that may be helpful for the job you have applied for.

Military Information

Did you serve in the U.S. Armed Forces? yes no If yes, describe any training relevant for the position to which you are applying.

NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? yes no. A review of the activities involved in such a job or occupation has been given. yes no

If no, please explain: _____

Personal/Professional References

Name	Telephone Number	Occupation
------	------------------	------------

- | | | |
|----------|--|--|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

Please read each statement carefully before signing

I certify that answers given herein are true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and/or may result in my dismissal if discovered at a later time.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I further understand that any investigation conducted may include a request for employment and educational history, consumer reports, investigative consumer reports, driving record and criminal history. I authorize any person, school, current and former employer, consumer reporting agency and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized Executive of this organization or the Board of Directors of Greene County Health Care, Inc.

I understand that compliance with the Company's Code of Conduct is a condition of my employment.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre- and /or post-employment drug screen as a condition of my employment, if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time with or without cause and with or without notice.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date _____

This application for employment will remain active for a limited time. Ask the organization representative for details.

Greene County Health Care, Inc.

This space is for additional information if necessary by the applicant

This space is for the employer only