



EMPLOYMENT APPLICATION

Prospective Employees will receive consideration without discrimination due to race, color, religion, national origin, gender, or disabilities.

Name (Print clearly): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Social Security (last four digits): *** - ** - _____ Phone: () _____

Email Address: _____

Have you lived in NC for 5 years or more? _____ Are you over the age of 18? _____

EMPLOYMENT DESIRED (Please circle areas of interest)

Administration Assisted Living Dietary Housekeeping Laundry Maintenance Nursing

Position Desired: _____

Full Time Part Time PRN SHIFT(s) 1st 2nd 3rd Weekend Only

Date available to begin work: _____ How did you learn of this position? _____

Friends/Relatives employed here: _____

If you worked for us before: What Dept? _____ When? _____

EDUCATION

	SCHOOL NAME	LOCATION	YEAR COMPLETED	MAJOR - DEGREE
High School				
College				
Professional				

List any additional skills/training/experience:

PROFESSIONAL

	YEAR GRADUATED/ CERTIFIED	PLACE CERTIFIED	REG./CERT. NUMBER	EXPIRATION DATE
CNA				
LPN				
RN				

MILITARY EXPERIENCE:

Have you ever served in the Armed Forces of the United States? YES NO

Nature of work performed: _____ Dates Served _____

WORK HISTORY - Please check this box if you DO NOT want your present employer contacted at this time.

EMPLOYER (Present or Most Recent)

Name of Company _____ Supervisor: _____
City/State: _____ Phone # _____
Position: _____ Salary _____
Start Date _____ End Date _____ Still Employed? YES NO
Description of job responsibilities: _____
Reason for Leaving: _____

EMPLOYER # 2

Name of Company _____ Supervisor: _____
City/State: _____ Phone # _____
Position: _____ Salary _____
Start Date _____ End Date _____ Still Employed? YES NO
Description of job responsibilities: _____
Reason for Leaving: _____

EMPLOYER # 3

Name of Company _____ Supervisor: _____
City/State: _____ Phone # _____
Position: _____ Salary _____
Start Date _____ End Date _____ Still Employed? YES NO
Description of job responsibilities: _____
Reason for Leaving: _____

CRIMINAL BACKGROUND INFORMATION:

Have you ever been convicted of a FELONY violation? YES NO If yes, please explain below:

The statements made in this application are, to the best of my knowledge, true and complete. I understand Pennybyrn at Maryfield will verify the above information and any omission or misrepresentation is grounds for termination of my employment. Also, I understand, if employed, my work will be subject to a ninety (90) day probationary period. Therefore, if it is determined I have not adapted to the assigned work, I may be terminated at any time. In addition, I understand Pennybyrn at Maryfield will perform a drug test and a criminal record check prior to employment.

Signature of Applicant

Date

APPLICANT'S RELEASE FOR REFERENCING:

CHARACTER REFERENCES:

Name _____ Relationship: _____

Address: _____ Phone # _____

Name _____ Relationship: _____

Address: _____ Phone # _____

Applicant: Please sign. You are authorizing your references to supply the information requested on this form.
DO NOT WRITE IN THE SPACE BELOW YOUR SIGNATURE.

Applicant's Signature

Date

EMPLOYMENT REFERENCE (for Human Resources use only)

Name of Company _____

Name of Applicant _____ SS# _____

Is applicant still in your employment? YES NO Position held: _____

Employed from _____ until _____

Reason for separating employment: _____

Is applicant eligible for rehire? YES NO If no, please explain _____

Would you recommend applicant for employment? YES NO

How was attendance? _____ Quality of work? _____

Comments _____

Signature/Title

Date

CHARACTER REFERENCE

Name of Reference: _____

How do you know applicant? _____

How long have you known applicant? _____

Qualities and Traits of this person: _____

Where retirement living takes on a whole new spirit.



sponsored by the Sisters of the Poor Servants of the Mother of God

AGREEMENT FOR DRUG AND ALCOHOL TESTING

As a prerequisite to employment, I hereby agree to allow Maryfield to collect urine samples from me to determine the presence of drugs or alcohol in my body. Further, I give my consent to the release of my test results to authorized Maryfield management for appropriate review.

I understand that the results of the drug/alcohol testing of my urine, if positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by Maryfield, I must abide by the terms of Pennybyrn's Drug and Alcohol Policy and may be required to submit to testing for the presence of drugs or alcohol for reasons stated in Pennybyrn's policy. I understand that submission to such testing is a condition of employment with Maryfield and disciplinary action, up to and including discharge, may result from violation of Pennybyrn's Drug and Alcohol Policy.

CONSENT

I consent to the administration of the Drug and Alcohol Test and to the terms and conditions of the Consent Agreement.

Applicant's Signature

Date

Witness' Signature

Date

REFUSAL

I refuse the Drug and Alcohol Test.

Applicant's Signature

Date

Witness' Signature

Date