



# EMPLOYMENT APPLICATION

*Pennybyrn complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or veteran status.*

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

Position(s) Desired: \_\_\_\_\_

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

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

Friends/Relatives employed here: \_\_\_\_\_

If you worked for us before: What area? \_\_\_\_\_ When? \_\_\_\_\_

## EDUCATION

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

*List any additional skills/training/experience:*

## PROFESSIONAL CERTIFICATION / LICENSE

	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 current employer contacted at this time.

**CURRENT EMPLOYER (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: \_\_\_\_\_

**BACKGROUND CHECK NOTICE:**

The purpose of this notice is to inform you that Pennybyrn will be conducting a pre-employment background investigation in conjunction with a possible offer of employment with our company. This background investigation may involve verifying or reviewing any of the following relevant information:

- Social Security Number, DMV Record, Criminal Convictions, Prior Employment History, Educational History

As part of this investigation, Pennybyrn will obtain a consumer report from a Consumer Reporting Agency for employment purposes. Pennybyrn may use information in the consumer report for decisions related to your employment. By signing below, you understand this procedure is part of the hiring process for employment with Pennybyrn.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICANT'S RELEASE FOR REFERENCING:**

**EMPLOYMENT / PROFESSIONAL REFERENCES:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Applicant:** Your signature authorizes employment and character references to supply the information requested.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**EMPLOYMENT REFERENCE (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 (Human Resources use only)**

Name of Reference: \_\_\_\_\_

How do you know applicant? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

Qualities and Traits of this person: \_\_\_\_\_



### **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 \_\_\_\_\_