



Employment Application

APPLICANT DATA:

Date: / /

How were you referred to us: _____

Position applied for:

Full Name: _____
LAST FIRST MIDDLE

Address: _____ City: _____ State: _____ Zip: _____

Phone: () Mobile/Other Phone: _____ E-Mail: _____

Reserved for office use:

Date of Birth: _____ Social Security #: _____

Note: All of TLC's employment is part-time as-needed by employer, regardless of number of hours worked. TLC is not a facility. We do not employ a set number of staff. Due to the nature of our work, no position is permanent or full-time. Any patient can die, their condition can improve, be placed into a nursing facility, or discharge for any reason, at any time. These are the conditions agreed to if you accept employment. TLC has no control over availability of patients or where they are located. Aides are required to work patients anywhere with our multi-county service region.

Are you a: PCA CNA I CNA II Other: _____ How many years? _____

Check all that you would accept:

Availability: 1st shift hours 2nd shift hours 3rd shift hours Weekend hours Holidays

Specific Hours Available: Sun _____ Mon _____ Tue _____
Wed _____ Thu _____ Fri _____ Sat _____
Other: Example: available 7am-6pm or 8am-3pm

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, give dates and details: _____

Have you lived in NC for the past 5 consecutive years? Yes No

Do you have your own transportation? Yes No Driver's License #: _____ State: _____

EDUCATION:

High School: _____ Dates Attended: _____

of Years Completed: _____ Did you graduate? _____

College/University _____ Dates Attended: _____

of Years Completed: _____ Did you graduate? _____ Degree: _____

Other: _____ Dates Attended: _____

PERSONAL REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

(Example: # of years experience)

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Required

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Reason for leaving: _____

May we contact this employer for reference? Yes No Ending Salary: _____

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Required

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Reason for leaving: _____

May we contact this employer for reference? Yes No Ending Salary: _____

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Required

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Reason for leaving: _____

May we contact this employer for reference? Yes No Ending Salary: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____