

CENTRAL CONTINUING CARE, INC.
1287 Newsome St.
Mount Airy, NC 27030

APPLICATION FOR EMPLOYMENT

It is the policy of this facility to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability or any other reason prohibited by law.

This application will receive active consideration for **ninety (90) days**. If you have not heard from the Company within **ninety (90) days** and wish to receive further consideration for employment, it will be necessary to complete another application form.

PERSONAL DATA

Date _____ Social Security Number _____

Name _____ Are you 18 years or older? Yes _____ No _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Length of Time at This Address _____ Telephone No. _____

List previous address if address has changed during the past 5 years.

(Street) (City) (State) From (Date) To

(Street) (City) (State) From (Date) To

(Street) (City) (State) From (Date) To

If related to anyone in our employment, state name, relationship and Department _____

Are you a U.S. Citizen Yes _____ No _____

if you are not a citizen, have you the right to remain in the U.S.? Yes _____ No _____

Alien Registration Number _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, describe in full _____

Military Status:

Active Duty Service From _____ to _____

Branch of Service _____

Are you a member of a reserve organization Yes No

EMPLOYMENT DESIRED

I can work: 7-3 _____ 3-11 _____ 11-7 _____

Job Applied For _____ Date You Can Start _____ Salary Desired _____

Have you ever applied to our company before? Yes No

Have you ever worked for our company before? Yes No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked. _____

How did you learn of our company and/or position? _____

Summarize Special Skills and Qualifications acquired from Employment or other Experience. _____

EDUCATION:

Name, Address and Location	Dates	Graduate?	Courses Studied:
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
College	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
Trade School	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:

PROFESSIONAL LICENSES AND CERTIFICATIONS:

TYPE	STATE	ISSUED	DATE	NUMBER

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 firm name and supply business references.

PLEASE GIVE MONTH AND YEAR.

DO NOT REFERENCE YOUR RESUME.

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay	
Telephone Area Code ()			Nature of Business	From:	To:	Starting \$ _____ Ending \$ _____
				Mo. ____	Mo. ____	
			Year ____	Year ____		
Title		Reason for Leaving				
Duties						

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay	
Telephone Area Code ()			Nature of Business	From:	To:	Starting \$ _____ Ending \$ _____
				Mo. ____	Mo. ____	
			Year ____	Year ____		
Title		Reason for Leaving				
Duties						

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay	
Telephone Area Code ()			Nature of Business	From:	To:	Starting \$ _____ Ending \$ _____
				Mo. ____	Mo. ____	
			Year ____	Year ____		
Title		Reason for Leaving				
Duties						

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay	
Telephone Area Code ()			Nature of Business	From:	To:	Starting \$ _____ Ending \$ _____
				Mo. ____	Mo. ____	
			Year ____	Year ____		
Title		Reason for Leaving				
Duties						

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I understand that the Nursing Home reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of the Nursing Home's current policies.

Signature _____ Date: ____ / ____ / ____

COMPANY USE ONLY

Interviewed by:

Interviewers remarks:

Is the operation of a company vehicle a job requirement Yes No

If yes to above, has a request for driver's record been made? Yes No