

Please Read The Following Statements Carefully:

DRUG FREE WORKPLACE

In submitting this application, I understand that:

- A. This application remains active for ninety (90) days and that submission of the application and subsequent pre-employment interviews are not promises (implied or otherwise) of employment. Successful job applicants will be officially notified by Human Resources.
- B. I understand that any offer of employment that I may receive will be a conditional offer of employment contingent upon an acceptable pre-employment drug screen and background check.
- C. I understand that, if hired, my employment will be at will. That means that my employment is for an indefinite period and that BRH or I may terminate my employment at any time, for any or no reason, with or without notice or prior disciplinary steps. I further understand that no verbal statements or statements in any BRH policy, hand book, or other document shall be construed to have altered this at-will nature of my employment. No company manager is authorized to make any representations to the contrary.
- D. I also understand that all BRH employees are required to complete a three-month introductory period during which time they are not eligible to use any BRH employee benefits.
- E. I certify that the information provided on this application, along with all other information that I have provided Baptist Retirement Homes, is accurate and complete. I understand that any misrepresentation or omissions will be cause for not hiring me or terminating my employment if I am hired before such is discovered.
- F. If hired, I understand and agree that I will be required to follow BRH rules, policies, and procedures, as they may be in effect from time to time.
- G. I understand that BRH will undertake, and I so authorize them to do so, any investigation it deems necessary in considering me for employment or, if hired, for my continued employment. I expressly authorize any present or former employer; school, college, or university; credit or finance bureau; law enforcement agency; or any other person to give BRH any information (written or oral) or records concerning me or my qualifications, employment, credit, reputation, mode of living, education, or criminal record. I unconditionally release BRH and its representatives and agents as well as all persons from whom they request information from any and all liability relating to such request for information or any information provided.
- H. I am responsible for necessary transportation to and from work.
- I. I understand the The Baptist Retirement Homes of North Carolina, Incorporated does not guarantee a specific work schedule or job assignment.
- J. North Carolina General Statutes state that “any applicant for employment who willfully furnishes supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A 1 misdemeanor.”

I hereby acknowledge that I have read and understand the above statements (A-J) and have not misrepresented the facts on this job application.

SIGNATURE OF APPLICANT

DATE



BAPTIST RETIREMENT HOMES

OF NORTH CAROLINA, INCORPORATED

We appreciate your interest in The Baptist Retirement Homes of North Carolina, Incorporated. Each application will receive consideration. Should our needs meet your qualifications, you may be asked to come in for a personal interview. If your background does not fit our needs at the time, your application will be held in our active file for 90 days.

We are committed to being an equal opportunity employer. As such, we provide employment opportunities without regard to race, color, religion, gender, age, national origin, military service, veteran status, disability, or any other status protected by law.

In compliance with the requirements of the Immigration Reform and Control Act of 1986, you will be required to complete an I-9 form and provide certain documents which establish your identity and authorization to work in the United States. It is our policy that you will not be permitted to begin employment until you produce such documents as required by law.

We desire to conduct business with the highest possible degree of safety and efficiency. If you are extended an offer of employment, employment will be contingent upon successful completion of a drug screening test and a background check.

For consideration, answer completely and accurately. If you require accommodation due to a disability in order to complete the application or during the application process, please let us know what accommodation you require. (Please print using Ball Point Pen.)

PERSONAL INFORMATION			
POSITION APPLIED FOR:			
Social Security Number		Date of Application	
Full Name (Last)	(First)	(Middle)	
Present Address (Street)	(City)	(State)	(Zip Code)
Permanent Address (Street)	(City)	(State)	(Zip Code)
Home Phone ()		Business Phone ()	
Whom to contact in case of emergency: (Name)		(Telephone Number)	
		()	
EMPLOYMENT DESIRED: WORK AVAILABILITY (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Relief	<input type="checkbox"/> Summer Only
<input type="checkbox"/> Weekends Only	<input type="checkbox"/> Available on Weekends	<input type="checkbox"/> Available on Holidays	<input type="checkbox"/> Any Shift
<input type="checkbox"/> Day Shift	<input type="checkbox"/> Evening Shift	<input type="checkbox"/> Night Shift	<input type="checkbox"/> Rotating Shift
Date You Can Start:		Salary Desired: \$	Per

Have you ever made application for employment with The Baptist Retirement Homes of North Carolina, Incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when (please list month, year and job title)	Have you ever been employed with The Baptist Retirement Homes of North Carolina, Incorporated either full-time, part-time or relief? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, (please list month, year and job title)			
Are you known to schools, references/past employers by another Name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by what name?	Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you lived in North Carolina for 5 or more years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WHAT PROMPTED YOU TO APPLY FOR A POSITION WITH US?				
<input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Job Fair	<input type="checkbox"/> Walk-in <input type="checkbox"/> Relative <input type="checkbox"/> Employee	<input type="checkbox"/> Journal <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Other (please list source)		
Have you ever been charged for (or plead guilty or no contest / nolo contendere to or paid a fine for) ANY criminal offense of any type (including but not limited to, felonies, misdemeanors, DWI, hunting offenses, worthless checks, military crimes)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to any of the above, please list all offenses and date of conviction / plea as well as city / county / state of conviction ("Yes" answer does not automatically disqualify you from employment.)				
EDUCATION AND SKILLS				
School High School Technical School College Graduate School Other Additional job-related seminars, short courses or workshops	Name and Address of School Attended	Did you Graduate?	Are You Currently Enrolled?	Major / Program
CLERICAL SKILLS				
Typing Speed _____ wpm Accounting <input type="checkbox"/> Yes <input type="checkbox"/> No	Dictaphone <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Terminology <input type="checkbox"/> Yes <input type="checkbox"/> No	Switchboard <input type="checkbox"/> Yes <input type="checkbox"/> No Type:		
Computer _____ wpm System/Software brands used:				
MILITARY SERVICE				
Branch:	Date of Service From To	Reason for Leaving:		
Duties:		Special schools and/or special training:		
CERTIFICATION / LICENSURE				
Professional or Technical Specialty:		Certificate/License Number:	Renewal Number:	
Are you registered or licensed in North Carolina? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what state(s)?		Year Obtained:	Renewal Date:	
Has license ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT HISTORY

Have you ever been involuntarily terminated or asked to resign from employment? Yes No
 If yes, please give the name of the employer, dates of employment, position held, name of supervisor, and reason for termination / resignation.

All sections must be completed. List all former employers starting with current or most recent one first. Explain breaks in employment. Attach additional sheet if needed.

Present or most recent employer	Type of business	Phone Number ()
Address	Date Employed _____ mo/yr	Date left _____ mo/yr
Title and duties	Full-time _____ Years _____ Months	Part-time _____ Year _____ Months
Supervisor's name and title Phone Number ()		May we check reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving	Starting salary \$ _____ per _____ (hourly, monthly, yearly)	Final Salary \$ _____ per _____ (hourly, monthly, yearly)
Employer	Type of business	Phone Number ()
Address	Date Employed _____ mo/yr	Date left _____ mo/yr
Title and duties	Full-time _____ Years _____ Months	Part-time _____ Year _____ Months
Supervisor's name and title Phone Number ()		May we check reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving	Starting salary \$ _____ per _____ (hourly, monthly, yearly)	Final Salary \$ _____ per _____ (hourly, monthly, yearly)
Employer	Type of business	Phone Number ()
Address	Date Employed _____ mo/yr	Date left _____ mo/yr
Title and duties	Full-time _____ Years _____ Months	Part-time _____ Year _____ Months
Supervisor's name and title Phone Number ()		May we check reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving	Starting salary \$ _____ per _____ (hourly, monthly, yearly)	Final Salary \$ _____ per _____ (hourly, monthly, yearly)
Employer	Type of business	Phone Number ()
Address	Date Employed _____ mo/yr	Date left _____ mo/yr
Title and duties	Full-time _____ Years _____ Months	Part-time _____ Year _____ Months
Supervisor's name and title Phone Number ()		May we check reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving	Starting salary \$ _____ per _____ (hourly, monthly, yearly)	Final Salary \$ _____ per _____ (hourly, monthly, yearly)

PLEASE READ AND SIGN THE BACK PAGE