

unified

H O M E C A R E

8380 NC 87 • P O Box 2810 • Reidsville, NC 27323

Application For Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin or other protected classifications.

Pre-employment drug screen, criminal background, driver's license check, if applicable, and finger print analysis check are required for all positions at Unified Home Care.

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number _____ Alternate Number: _____

Email Address: _____

Position Applied For _____ Have you worked here before? _____ Yes _____ No
If yes, when? _____

Do you have a valid Driver's license? _____ Yes _____ No
(If required for the position you are seeking)

How did you hear about this position? _____

Have you ever been convicted of a crime? _____ Yes _____ No If yes, describe conditions _____

Conviction may disqualify an applicant from employment based on the type of conviction and the date of the offense.

Are you related to anyone employed at Unified Home Care? _____ Yes _____ No If so, whom/relationship? _____

Are you legally eligible for employment in this country? _____ Yes _____ No (Proof of citizenship or legal alien status required upon employment)

License of Professional Certification _____ License Number _____

May we contact your present employer _____ Yes _____ No

Date Available _____ Wage or Salary Desired _____

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work with our company? _____

<u>EDUCATION</u>	<u>NAME & LOCATION OF SCHOOL</u>	<u>YEAR GRADUATED</u>	<u>MAJOR</u>	<u>DIPLOMA/DEGREE</u>
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
OTHER TRAINING/EDUCATION:				

ARE THERE ANY HOURS, SHIFTS OR DAYS YOU CANNOT OR WILL NOT WORK? _____

Shift Preferred _____

COMPUTER SKILLS

Please check all that apply:

Excel
 Power Point
 Word
 Works
 Windows 2000/XP

Present or Most Recent Employer:		Address:	Telephone #:
Date Started:	Date Left:	Starting Rate of Pay: (Not including Bonus or Shift Diff) \$	
Starting Position:	Ending Position:	Ending Rate of Pay: (Not including Bonus or Shift Diff) \$	
Name of Supervisor:		Title of Supervisor:	
Description of Duties:		Reason for Leaving:	
Previous Employer:		Address:	Telephone #:
Date Started:	Date Left:	Starting Rate of Pay: (Not including Bonus or Shift Diff) \$	
Starting Position:	Ending Position:	Ending Rate of Pay: (Not including Bonus or Shift Diff) \$	
Name of Supervisor:		Title of Supervisor:	
Description of Duties:		Reason for Leaving:	
Previous Employer:		Address:	Telephone #:
Date Started:	Date Left:	Starting Rate of Pay: (Not including Bonus or Shift Diff) \$	
Starting Position:	Ending Position:	Ending Rate of Pay: (Not including Bonus or Shift Diff) \$	
Name of Supervisor:		Title of Supervisor:	
Description of Duties:		Reason for Leaving:	
Previous Employer:		Address:	Telephone #:
Date Started:	Date Left:	Starting Rate of Pay: (Not including Bonus or Shift Diff) \$	
Starting Position:	Ending Position:	Ending Rate of Pay: (Not including Bonus or Shift Diff) \$	
Name of Supervisor:		Title of Supervisor:	
Description of Duties:		Reason for Leaving:	

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing)

_____ I hereby authorize Unified Home Care to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Unified Home Care, my current and former employers, and all other persons, corporations, partnerships and associates from any and all claims, demands or liabilities arising out of or in way related to such investigation or disclosure.

_____ I understand that if offered employment, the offer may be contingent on my passing a pre-employment drug screen. By signing this application, I voluntarily agree to submit to a pre-employment drug screen upon request. I understand that failure to pass the drug screen will result in withdrawal of the employment offer.

_____ If hired, I also agree to submit to drug testing as a condition of employment. I agree that Unified Home Care may conduct drug screening at its sole discretion with or without notice. I also understand that refusal to submit to a drug screen will be considered a voluntary resignation of employment.

_____ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied, or explicit, between me and Unified Home Care. In addition, I understand and agree that if I am employed, my employment relationship with Unified Home Care is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, and for any reason not prohibited by statute, at the option of either myself or Unified Home Care, and that no promises or representations contrary to the forgoing are binding on Unified Home Care unless made in writing and signed jointly by the President/CEO and myself.

_____ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Unified Home Care benefits, policies and procedures will not alter our at-will agreements.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

_____ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid North Carolina driver's license and understand that Unified Home Care will request a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my possession of a current valid driver's license and my ability to be covered by auto insurance, if required for my position.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to ensure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

