



## Employment

What position are you applying for? \_\_\_\_\_

Do you want to work: Full-time      Part-time

Specific days and hours \_\_\_\_\_

Rate of pay expected \_\_\_\_\_

Date available for work \_\_\_\_\_

Name of relatives or friends employed by PHI, Inc. \_\_\_\_\_

Relationship of relatives? \_\_\_\_\_

Referral Source \_\_\_\_\_

Have you ever worked for us before: Yes    No    If yes what department? \_\_\_\_\_, Reason for leaving: \_\_\_\_\_

Employment history (List in order-current or last employer first. List ALL Previous employers, please add an additional sheet if necessary)

A. Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Name of immediate supervisor \_\_\_\_\_  
Date started \_\_\_\_\_ Date left \_\_\_\_\_ Salary \_\_\_\_\_  
Description of work responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

B. Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Name of immediate supervisor \_\_\_\_\_  
Date started \_\_\_\_\_ Date left \_\_\_\_\_ Salary \_\_\_\_\_  
Description of work responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

C. Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Name of immediate supervisor \_\_\_\_\_  
Date started \_\_\_\_\_ Date left \_\_\_\_\_ Salary \_\_\_\_\_  
Description of work responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

May we contact your current and past employers?      Yes    No

\_\_\_\_\_  
Signature/Date

## Education

Circle the highest grade completed      Name and location of school      Last year  
1 2 3 4 5 6 7 8 9 10 11 12

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	Number of years attended	Did you graduate?
College _____	_____	_____
Post Graduate _____	_____	_____
Trade School _____	_____	_____
Other _____	_____	_____

## Professional Qualification

A. Registered Nurse \_\_\_\_\_  
NC Certificate No. \_\_\_\_\_ Year of Expiration \_\_\_\_\_  
Renewal License No. \_\_\_\_\_

B. Licensed Practical Nurse \_\_\_\_\_  
NC Certificate No. \_\_\_\_\_ Year of Expiration \_\_\_\_\_  
Renewal License No. \_\_\_\_\_

C. Other \_\_\_\_\_  
NC Certificate No. \_\_\_\_\_ Year of Expiration \_\_\_\_\_  
Renewal License No. \_\_\_\_\_

D. Professional (not social or civic) organizations to which you belong:  
\_\_\_\_\_  
\_\_\_\_\_

## General

Please use the following space to indicate any experience, skills (computer, equipment, etc.) or qualifications which you feel would especially qualify you for employment with this company. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime (Felony or Misdemeanor)? Yes No

If yes explain when, where and disposition of the case:

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Are you presently under any probationary sentence? Yes No

If yes explain when, where and disposition of the case:

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Have you ever received disciplinary action, citations, convictions, charges or complaints of mistreating those in your care? Yes No

If yes explain when, where and disposition of the case?

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PLEASE READ CAREFULLY

IT IS THE POLICY OF THE PRESBYTERIAN HOMES TO PROVIDE EQUAL OPPORTUNITY WITHOUT DISCRIMINATION AS TO RACE, COLOR, CREED, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY OR VETERAN STATUS. THIS APPLICATION WILL BE RETAINED BY THE PRESBYTERIAN HOMES FOR ACTIVE CONSIDERATION NOT LONGER THAN THIRTY (30) DAYS FROM THE DATE OF APPLICATION.

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT. I UNDERSTAND THAT THE COMPANY WILL VERIFY THE ABOVE FACTS, INCLUDING REFERENCES WITH FORMER EMPLOYERS, INDIVIDUALS AND SCHOOLS AND THAT ANY MISREPRESENTATION OR OMISSION OF INFORMATION SHALL BE SUFFICIENT REASON (WHEN IT BECOMES KNOWN) FOR WITHDRAWAL OF AN OFFER, OR SUBSEQUENT DISMISSAL IF EMPLOYED.

I UNDERSTAND THAT IF EMPLOYED, MY WORK WILL BE SUBJECTED TO A NINTY (90) DAY EVALUATION PERIOD ( AT THE BEGINNING) TO DETERMINE IF I AM SUITABLY ADAPTED TO THE WORK ASSIGNED, HOWEVER, I FURTHER UNDERSTAND THAT MY EMPLOYMENT MAY BE TERMINATED BY THE COMPANY AT ANY TIME (EITHER DURING OR AFTER THE EVALUATION) FOR ANY REASON OR NO REASON WITHOUT NOTICE. I UNDERSTAND THAT THE COMPANY’S POLICIES, PRACTICES AND BENEFITS INCLUDING, BUT NOT LIMITED TO THOSE DESCRIBED IN EMPLOYEE HANDBOOKS, BENEFITS SUMMARIES AND COMPANY MANUALS ARE SUBJECT TO CHANGE OR ELIMINATION AT ANY TIME, AT THE ELECTION OF THE COMPANY. I ACKNOWLEDGE THAT NO PROMISES HAVE BEEN MADE TO ME THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT.

I ACKNOWLEDGE HAVING READ THE FOREGOING CAREFULLY.

I hereby certify that I have read, reviewed and understood the job description for

(1<sup>st</sup> choice) \_\_\_\_\_, and/or

(2<sup>nd</sup> choice) \_\_\_\_\_, and

(3<sup>rd</sup> choice) \_\_\_\_\_, and

hereby certify that **I CAN** or **CANNOT** (please circle one) perform the essential job functions for this position.

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SIGNATURE OF APPLICANT  
APPLICATION MUST BE SIGNED

THE PRESBYTERIAN HOMES, INC.

AUTHORITY TO REALEASE INFORMATION

TO WHOM IT MAY CONCERN:

I HEREBY AUTHORIZE ANY REPRESENTATIVE OF THE PRESBYTERIAN HOMES, INC. BEARING THIS RELEASE OR COPY THEREOF, WITHIN ONE YEAR OF ITS DATE, TO OBTAIN ANY INFORMATION IN YOUR FILES PERTAINING TO MY EMPLOYMENT, MILITARY, OR EDUCATIONAL RECORDS INCLUDING, BUT NOT LIMITED TO ACADEMIC, PERFORMANCE, ATTENDANCE, DISCIPLINARY, AND PERSONAL HISTORY RECORDS. I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION UPON REQUEST OF THE BEARER. THIS RELEASE IS EXECUTED WITH FULL KNOWLEDGE AND UNDERSTANDING THAT THE INFORMATION IS FOR THE OFFICIAL USE OF THE PRESBYTERIAN HOMES, INC. IN EVALUATION OF MY APPLICATION FOR EMPLOYMENT.

PRINT FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

MAIDEN NAME IF APPLICABLE \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE