



GRAYS
HOMECARE

APPLICATION FOR EMPLOYMENT

Grays Home Care, LLC
An Equal Opportunity Employer

We do not discriminate on the basis of age, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicant be given equal opportunity and that selection decisions be based on job-related factors.

Upon completing this application, please return it to the front desk or email at info@grayshomecare.com

Greys Home Care (910) 824-8032

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For (PCP, RN, Secretary, CNA, etc.) _____ Today's Date ____/____/____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

_____	_____	(____)	_____
Last Name	First Name	Middle Initial	Telephone Number

Present Street Address _____ City _____ State _____ Zip Code _____

Are you 18 year of age or older? Yes No (If you are hired you may be required to submit proof of age)

Social Security # _____ - _____ - _____ If hired, can provide proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, give details: _____
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Do you have any relevant healthcare certifications?/licenses? Yes No

If yes, give details: _____

Driver's License Number _____ State of License: _____ Class of License: _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

LIST NAME AND ADDRESS OF SCHOOLS	# of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
High School or GED _____	_____	_____	_____
College or University _____	_____	_____	_____
Vocational or Technical _____	_____	_____	_____
_____	_____	_____	_____

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

Office Initials: _____

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.**

NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

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Have you worked or attended school under any other name? Yes No
 If yes, give names : _____
 Are you presently employed? Yes No
 If yes, may we contact your present employer? Yes No
 Have you ever been fired from a job or asked to resign? Yes No
 If yes, please explain : _____

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	() - _____
_____	_____	() - _____
_____	_____	() - _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING
 I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.
 I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.
 I authorize the investigation of any of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.
 I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.
 I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.
I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITH NOTICE. I have read, understand, and by my signature consent to these statements.

Signature _____ **Date** ____/____/____
 This application for employment will remain active for a limited time. Ask the organization representative for details.

Office Initials: _____



GRAYS HOME CARE EMPLOYEE AVAILABILITY

Please provide the following information on your availability to work for Grays Home Care.

Type of Transportation you have / will use for home visits: _____

How many hours are you willing to work per week? _____

What days are you available to work? _____

Please list cities/counties you would be willing to work (Ex Fayetteville/ Cumberland County):

Office Initials: _____

GHC TELEPHONE REFERENCE CHECK FORM - # 1

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of First Professional Reference To Be Contacted _____ Title _____

Company Name _____ Phone (_____) _____ - _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me to Grays Home Care, LLC

Applicant Signature _____ Date ____/____/____

*******FOR OFFICE USE ONLY**

EMPLOYMENT VERIFICATION: To be completed by employer

INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, _____ (name), has applied for employment at our company as a _____ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions?"

What was his/her position? _____ What were the dates of his/her employment? _____

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) _____

What were his/her strengths as an employee? _____

How would you rate his/her overall performance? _____

If you had an opening today for the same job, would you hire him/her? Why/why not? _____

Was he/she _____ dependable? _____ work well with other? _____ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward _____'s success on the job? _____

Is there anything else you think would be helpful for us to know about _____ in making our hiring decision? _____

Name of Interviewer: _____ Date: ____/____/____

(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper)

Office Initials: _____

GHC TELEPHONE REFERENCE CHECK FORM - # 2

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of second Professional Reference To Be Contacted _____ Title _____

Company Name _____ Phone (_____) _____ - _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me to Grays Home Care, LLC

Applicant Signature

_____/_____/_____
Date

******FOR OFFICE USE ONLY**

EMPLOYMENT VERIFICATION: To be completed by employer

INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, _____ (name), has applied for employment at our company as a _____ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions?"

What was his/her position? _____ What were the dates of his/her employment? _____

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) _____

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Is there anything else you think would be helpful for us to know about _____ in making our hiring decision?

Name of Interviewer: _____ Date: _____/_____/_____

(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper)

Office Initials: _____

NORTH CAROLINA CRIMINAL CHECK ATTESTATION	
<p>By execution of this document, I acknowledge that I have been informed by the Agency that a criminal history check will be performed on my name. I have informed that Agency of all names (for example, maiden name, aliases) that I have used in the past. I understand that I have been employed on a provisional basis and that my employment is temporary pending the results of the criminal history check. I also understand that the Agency will not hire me if I have been convicted of the offenses enumerated below. I also understand that the Agency will search all available registries and other sources to determine whether any acts of abuse, neglect or exploitation have occurred and whether my name is designated on any registry. If my name is designated on either registry I understand the Agency will deny me employment.</p>	
DISQUALIFYING OFFENSES	
<p>Any crime relating to child, patient or elder abuse, neglect or mistreatment. Any crime involving unlawful sexual behavior, Any crime related to aggravated assault, sexual conduct in the first second or third degree, homicide kidnapping or arson. Any felony related to domestic abuse Any misdemeanor related to domestic abuse in the last three years Any crime related to simple assault within the last three years Any crime in any other state, the elements of which are substantially similar to the elements of any of the offenses described above</p>	
<p>I, _____, do hereby confirm that I have not been convicted of any crime listed above I further confirm that there are no charges currently pending against me with respect to the above charges</p>	
Maiden Name or Alias:	
Address	
Social Security No.	Driver's License No.
Signature	
Date	

Office Initials: _____