

NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use maybe required before hiring and during your employment here

MUST HAVE A VALID NORTH CAROLINA DRIVER'S LICENSE TO WORK FOR THIS AGENCY, THERE ARE NO EXCEPTIONS TO THIS REGULATIONS.

Application For Employment

AN EQUAL OPPORTUNITY EMPLOYER

Assure that employment decisions are based on merit and fitness, without regard to race, sex, age, religion, national origin, handicap/disability or political affiliation.



Name: _____

Position Applied for: _____

Referral Source: Ad Friend Walk-In Agency Other

ADDRESSES FOR PAST FIVE YEARS

To/From	Street Address	City	State	Zip	County
---------	----------------	------	-------	-----	--------

Date: _____ Current Telephone () _____

Are you available to work? Full Time Part Time Shift Work Temporary

Date available to begin to work? _____ Wage Expected: _____

Are you on layoff and subject to recall? Yes No

Will you work Sat., Sun., and holidays? (On-Call) Yes No

Do you have reliable transportation? Yes No

Do you have a North Carolina driver license? Yes No **A Valid N.C. Driver's License is a Must**

Are you legally able to work in the U.S.? Yes No

Do you have any relatives working for RMHA? Yes No If so, who: _____

Have you ever been bonded? Yes No What Company: _____

Have you ever been convicted of a crime in a Court of Law? Yes No If so, please explain: _____

Do you have any professional registrations or licenses? Yes No If yes, please list: _____

Name, address and telephone of three references who are not related and are not previous employers.

Name	Address	City	State	Zip	Phone#
------	---------	------	-------	-----	--------

--	--	--	--	--	--

In case of emergency, please notify: _____ Phone# _____ Relationship _____

Special Skills and Qualifications: Summarize special skills and qualifications from employment or other experience

Please explain why you want the job of _____ and why RMHA should hire you.

EMPLOYMENT EXPERIENCE: Start with your present or last job. Include previous employers for the past four years. **YOUR WORK RECORD FOR THE PAST FOUR YEARS MUST BE ACCOUNTED FOR: Exclude organizations which indicate race, color, religion, or national origin. All time must be accounted for during the past four years. If you need more space, ask for more paper.**

Most Recent Employer		Supervisor's Name		
Your Job Title				
Employer Address	City	State	Zip	Phone#
Dates Employed:		Pay/Hour:		
Description of Work Performed:				
Reason for leaving:				

2nd Recent Employer		Supervisor's Name		
Your Job Title				
Employer Address	City	State	Zip	Phone#
Dates Employed:		Pay/Hour:		
Description of Work Performed:				
Reason for leaving:				

3rd Recent Employer		Supervisor's Name		
Your Job Title				
Employer Address	City	State	Zip	Phone#
Dates Employed:		Pay/Hour:		
Description of Work Performed:				
Reason for leaving:				

4th Recent Employer		Supervisor's Name		
Your Job Title				
Employer Address	City	State	Zip	Phone#
Dates Employed:		Pay/Hour:		
Description of Work Performed:				
Reason for leaving:				

Are you employed now? Yes No May we contact your current and/or past employer? Yes No

Education: Elementary School Grade Completed: _____

High School Grade Completed: _____

High School Name and Address: _____

College: # of Years attended? _____ Graduate? Yes No

Diploma or GED Yes No

Graduate School Name and Address: _____

Additional Education, Training, Apprenticeship and Extra Curricular Activities: _____

Honors Received: _____

AGREEMENT: I UNDERSTAND THAT THIS APPLICATION IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice. At any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature of Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

CHECK THE FOLLOWING POINTS BEFORE ACCEPTING APPLICATION

- | | |
|---|---|
| <input type="checkbox"/> Have residences for the last five years been listed? | <input type="checkbox"/> Are at least 3 personal references listed? |
| <input type="checkbox"/> Has worked for the past 5 years been completed? | <input type="checkbox"/> Has applicant signed application? |

Name of person receiving application: _____ Date: _____

Revised 06/27/2016

File/document/employees/new hire/application for employment