

1 Applicant _____ Weaverville _____ Waynesville _____
Updated 3/30/12

Date Received: _____
For office use only: BG _____ **NR** _____ **Ref.** _____ **Int.** _____ **OIG** _____
Orient. Scheduled _____ **Hire Date** _____

Stacie's Personal Care Services
Application for Employment
Equal Opportunity Employer
10 S Main St Unit B
Weaverville, NC 28787
828-484-8440 Phone
828-484-8445 Fax

Name: _____
Last First Middle and Maiden/ Social Security #

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Position Desired: _____ Date you can start: _____

Hours Desired: _____

Available occasional weekend: _____

Geographic area(s) you will travel: _____

Salary Desired: _____ Are you employed now? _____

May we contact your employer? _____

HAVE YOU EVER BEEN CHARGED/CONVICTED OF A CRIME? _____

_____ If yes, please explain: _____

EDUCATION

Name and location of school:	Years Attended	Did you Graduate	Subject Studied
High School: _____	_____	_____	_____
Trade or Business school: _____	_____	_____	_____

Are you a C.N.A.? _____ Where Certified? _____ Date: _____

Have you ever been a C.N.A.? _____ When/Where? _____

Years of experience as a C.N.A.? _____

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List Locations of C.N.A. experience in space below:

Where (2) _____ From _____ To _____
Where (3) _____ From _____ To _____
Where (4) _____ From _____ To _____

Former Employers: (list last 4 employers starting with the last one first)
(All information regarding former employment should be detailed and accurate.)

1. Name/Address of Employer: _____

Phone Number: _____ Title: _____ Hourly Wage: _____
Supervisor: _____
Dates Employed: From _____ To _____
Reasons for leaving: _____

2. Name/Address of Employer: _____

Phone Number: _____ Title: _____ Hourly Wage: _____
Supervisor: _____
Dates Employed: From _____ To _____
Reasons for leaving: _____

3. Name/Address of Employer: _____

Phone Number: _____ Title: _____ Hourly Wage: _____
Supervisor: _____
Dates Employed: From _____ To _____
Reasons for leaving: _____

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4. Name/Address of Employer: _____

Phone Number: _____ Title: _____ Hourly Wage: _____

Supervisor: _____

Dates Employed: From _____ To _____

Reasons for leaving: _____

How long have you lived in the state of North Carolina? _____

If less than five (5) years, list all previous addresses below:

Care Giver experience: Have you ever taken care of family members or friends who needed help with bath or personal care, (paid or unpaid). If so, explain. _____

Personal References: (Give the name of at least two persons, not related to you, whom you have known at least one year).

Name: _____ Phone Number: _____

Address: _____ Years Known: _____

Name: _____ Phone Number: _____

Address: _____ Years Known: _____

How did you hear about our agency? _____

Do you speak a second language? _____

Are you interested in 8-12 hour shifts (would include nights and weekends)

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Authorization

I certify that the facts stated in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application will be grounds for dismissal.

I authorize all references and employers listed above to give you any information concerning my previous employment and any pertinent information, person or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Signature: _____ Date: _____

General Background Inquiry
Release Form

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself. These inquiries may include consumer credit, criminal history, driving history, and other reports. These reports will include information as to my character, work habits, performance and experience along with reason for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I consent and authorize without reservation, any party or agency contacted by Stacie's Personal Care Services, Inc. to furnish the above mentioned information.

I hereby consent to your obtaining the above information from Stacie's Personal Care Services and/or any of their licensed agents. I understand to aid in the proper identification of my file or records, the following information, as well as other information is necessary.

There will be a \$10.00 fee for the background check and drug screen to be taken from your initial pay check.

PRINTED NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

SIGNATURE OF APPLICANT: _____

Date: _____