



4475C Hwy 15/501
Carthage, NC 28327
Phone:910-947-3805

EMPLOYMENT APPLICATION

Name _____ Referred by _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

Home Phone () _____ Work Phone () _____

Social Security Number ____ - ____ - ____ Date of Birth _____

What Position are you applying for? CNA _____ PCG _____ Other _____

Date You Can Start _____ Are You Employed Now? Yes ____ No ____

Salary Desired \$ _____

What are the days & hours that you can work? _____

Have you lived in NC less than 5yrs. ___ No ___ Yes

Classification: Please check all that apply

C.N.A. I ___ C.N.A. II ___ Other _____

Former Employees:

List three previous employers, starting with the most recent.

Name _____

Address _____

Phone Number _____ Starting Date _____ Ending Date _____ Salary _____

Name of Supervisor _____ ok to call? Yes ____ No ____

Description of Work _____

Reason for Leaving _____

Former Employee:

Name _____

Address _____

Phone Number _____ Starting Date _____ Ending Date _____

Name of Supervisor _____ ok to call? Yes ___ No ___

Description of Work _____

Reason for Leaving _____

Former Employee:

Name _____

Address _____

Phone Number _____ Starting Date _____ Ending Date _____

Name of Supervisor _____ ok to call? Yes ___ No ___

Description of Work _____

Reason for Leaving _____

Have you ever been convicted of a felony? _____ If yes please explain _____

Have you ever signed a "Covenant Not to Compete"? _____ If yes with what agency? _____

I give my permission for GTHC to do a background check before hiring.

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

I authorize investigations of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release Gentle Touch Home Care from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representation of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is writing and signed by an authorized company representative.

Date

Signature