

Handi-Care, Inc.
P.O. Box 1778 * Drexel, NC 28619 * 828-437-8429

Date of Application _____

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

This Company does not discriminate in hiring or employment on the basis of race, color, sex, religion or national origin or on the basis of veteran status or the presence of a non job-related medical condition or handicap, or on the basis of age with respect to people between the ages of forty and seventy. This application will receive active consideration for thirty (30) days. If you have not heard from the company within thirty days and wish to receive further consideration, it will be necessary for you to contact us by phone or come by the personnel office.

(Please Print)

EMPLOYMENT DESIRED

Job applied for _____ Date you can start _____ Salary desired _____

Would you work full time (32 hpw) _____ Part-Time (<32 hpw) _____ If Part-Time, Hrs. _____

Which shift do you prefer to work? 1st (day) _____ 2nd (evening) _____ 3rd (night) _____

PERSONAL DATA

Name _____ Phone _____

(Last) (First) (Middle)

Social Security Number _____

ADDRESS FOR AT LEAST PAST THREE YEARS

(Street)	(City)	(State)	From (Date)	To
(Street)	(City)	(State)	From (Date)	To
(Street)	(City)	(State)	From (Date)	To

Are you 18 years or older? Yes No

Have you ever been convicted of a felony? Yes No If yes please explain: _____

You will be required to sign a consent form for a criminal background check and agree to have a drug test and physical.

Have you worked here before? _____ If yes, when _____

REFERENCES

GIVE THREE REFERENCES (not relatives or former employers)

Name	Address	Phone	Occupation

Write a brief summary of your qualifications for a C.N.A. position with this company:

WORK HISTORY

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT

Name and Address Of Company	Dates				Describe Your Duties	Weekly Salary	Reason for Leaving	Name of Supervisor
	From		To					
	Mo	Yr	Mo	Yr				
Phone:								
Name and Address Of Company	Dates				Describe Your Duties	Weekly Salary	Reason for Leaving	Name of Supervisor
	From		To					
	Mo	Yr	Mo	Yr				
Phone:								
Name and Address Of Company	Dates				Describe Your Duties	Weekly Salary	Reason for Leaving	Name of Supervisor
	From		To					
	Mo	Yr	Mo	Yr				
Phone:								

EDUCATION

Name of School	City	State	Circle Last Year Completed	Did You Graduate?
Grammar			5 6 7 8	
High			9 10 11 12	
College/Technical			1 2 3 4	

ADDITIONAL COMMENTS WHICH YOU FEEL WOULD BE IMPORTANT IN OUR CONSIDERATION OF YOUR APPLICATION. _____

AFFIDAVIT

I agree to sign a consent for random drug testing and criminal background check.

I agree to be employed on a ninety- (90) day calendar probationary period and understand that my employment may be terminated at any time during this period at the discretion of the company. I agree to submit to a physical examination whenever requested by the company.

I authorize without liability investigation of all statements in this application. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the Company any knowledge or information hereby acquired.

I authorize all schools which I attended and all previous employers to furnish to the Company my record, reason for leaving and all information they may have concerning me and I hereby release them and the Company from all liability for any damages whatsoever arising therein.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish the Company with information used in connections with the evaluation of my qualifications as a prospective employee. I also authorize the making of an investigative consumer report whereby information may be obtained concerning my character, general reputation, personal characteristics and mode of living, whichever may be applicable I understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information concerning the nature of scope of the investigation.

I understand that in the event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. In the event of my employment by the company, I agree to abide by all present and subsequently issued rules of the Company.

I understand and agree that, if hired, my employment is for no definite period and may, regardless if the date of payment of my wages and salary, be terminated at any time without prior notice.

You may May not Contact my present employer directly at this time.

SIGNATURE _____ DATE _____