



EMPLOYMENT APPLICATION

4820 Fayetteville Road
Lumberton, NC 28358
Phone: (910) 608-0430
Fax: (910) 608-0464

Position Applied for _____ Date of Application _____

Date of Birth _____ Drivers License # _____ State _____

Name _____ Social Security # _____

Address _____ City _____

State _____ Zip Code _____ Phone # _____

Are you a U.S Citizen? Yes ___ No ___ If no, Alien Registration # _____

Are you presently employed? Yes ___ No ___ Desired Salary _____

Do you have a valid North Carolina driver's license? Yes ___ No ___

Do you own a vehicle for transportation to and from work? Yes ___ No ___

EDUCATION:

High School _____ Date Graduated _____ Degree _____

College or University _____ Date Graduated _____ Degree _____

Other Training (Specify) _____

EMPLOYMENT HISTORY (Most Recent First):

Employer _____ Posiiton _____

Dates: From _____ To _____ Reason for leaving _____

Supervisor _____ Phone # _____

May we contact? Yes ___ No ___

Employer _____ Posiiton _____

Dates: From _____ To _____ Reason for leaving _____

Supervisor _____ Phone # _____

May we contact? Yes ___ No ___

Employer _____ Posiiton _____

Dates: From _____ To _____ Reason for leaving _____

Supervisor _____ Phone # _____

May we contact? Yes ___ No ___

Describe your overall health: Very Good _____ Good _____ Fair _____ Poor _____

ALLERGIES: (Please List) _____

PERSONAL REFERENCES:

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Please list other areas of certification or training:

1. _____ When _____ Where _____

2. _____ When _____ Where _____

3. _____ When _____ Where _____

When will you be available to work? _____

Have you ever been charged with one of the following: Child abuse: yes _____ no _____

Adult/Elder abuse: yes: _____ no _____ MEDICAID FRAUD: yes _____ no _____

Other charges pending, explain: _____

PLEASE NOTE: You may be asked to submit to a drug screening by Companion Home Care.

Initials _____

Have you lived in North Carolina for five consecutive years? yes _____ no _____

Applicant Signature _____ Date _____

I certify the information provided is accurate and truthful. I authorize other agencies, institutions, and boards to furnish whatever detailed information necessary and available to certify my qualifications. I understand that false statements on this application will be grounds for rejection of my application and dismissal if employed.

FOR OFFICE USE ONLY:

Interviewed By: _____ Date _____

Comments: _____

Recommendation _____ Salary _____