

THE PINES AT DAVIDSON, INC.

400 Avinger Lane
Davidson, North Carolina 28036

APPLICATION FOR EMPLOYMENT

Note:

You will be considered an applicant for the job you list in this application in which an opening exists and for which you meet the basic qualifications.

Applicants will be considered for job openings for a period of sixty (60) days. Any applicant who desires to receive further consideration must contact The Pines at that time.

Please print plainly. All blanks must be filled (N/A if not applicable).

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, color, age, sex, religion, disability, or national origin.

Date of Application: _____

PERSONAL

Name: _____
Last First Middle

Social Security Number _____

Address: _____
Street Address or Post Office Box #

_____ City State Zip

Phone Number: (_____) _____

Email Address: _____

GENERAL

Position applied for _____ Salary expected _____

Would you work Full-time? _____ Part-time? _____

Specify (1) shift and/or days or (2) "no preference" _____

Do you have reliable means of transportation on all shifts? _____

How did you happen to contact us? _____

Have you ever been convicted of a felony? _____

(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: _____

Please indicate if you have any skills or experience operating equipment or machines (plant or office). If a license or certification is required (see job description), please provide details on your license or certification (CDL, RN, etc.):

BACKGROUND

Please indicate your education, work experience or other background information which is relevant to the job for which you are applying:

Education

High School _____

Name _____ Address _____
Check last year attended 9 10 11 12 Diploma Yes No

College _____

Name _____ Address _____
Check last year attended 1 2 3 4 Degree _____

Other _____

WORK HISTORY

List on next pages your work history, with most recent employment first.

May we contact your employer? Yes No

Name of Company _____ Phone _____

Address _____

From (Month/Year) _____ To (Month/Year) _____

Beginning Salary _____ Last Salary _____

Position _____ Supervisor _____

Describe Duties _____

Reason for Leaving _____

Name of Company _____ Phone _____
Address _____
From (Month/Year) _____ To (Month/Year) _____
Beginning Salary _____ Last Salary _____
Position _____ Supervisor _____
Describe Duties _____

Reason for Leaving _____

Name of Company _____ Phone _____
Address _____
From (Month/Year) _____ To (Month/Year) _____
Beginning Salary _____ Last Salary _____
Position _____ Supervisor _____
Describe Duties _____

Reason for Leaving _____

Name of Company _____ Phone _____
Address _____
From (Month/Year) _____ To (Month/Year) _____
Beginning Salary _____ Last Salary _____
Position _____ Supervisor _____
Describe Duties _____

Reason for Leaving _____

CERTIFICATION

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire. I also authorize the employers, schools, or persons named above to provide information regarding my employment, education, character, and qualifications. I understand that if I am hired, my employment is contingent upon my passing a written health screening examination.

All employment offers for unlicensed positions will be conditional in nature, pending the results of the applicant’s Criminal Background Check. The facility, in its sole discretion, will decide whether to convert employment from conditional into regular status after reviewing the contents of the Criminal Background Check. All employment with this facility (whether conditional or regular) is “at-will,” which means that both the employer and the employee may terminate the employment relationship at any time, for any reason, with or without notice.

Providing false information on this application form, specifically including, but not limited to, information related to the applicant’s prior criminal record, will result in immediate discharge from employment. A prior criminal record will not necessarily disqualify you from employment. Answer each question on this application form in a full and truthful manner. By signing your name in the space provided below, you affirm that your answers on this application are true, correct, and complete.

Signature

Date

DO NOT WRITE BELOW THIS LINE

Interview on _____
Date Time

Offer of employment made Yes No

If yes, Date: _____