

**Employment Application**

**Gracehouse**  
1892 Turnpike Road  
Raeford, NC 29376

**Hope Gardens**  
1958 Turnpike Road  
Raeford, NC 28376

**Cornerstone**  
129 Wallace Road  
Wadesboro, NC 28170

**New Haven**  
703B West 3<sup>rd</sup> Avenue  
Red Springs, NC 28377

**Cross Roads**  
703 West 3<sup>rd</sup> Avenue  
Red Springs, NC 28377

**Willowbrook**  
4433 Marracco Drive  
Hope Mills, NC 28348

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a not-related medical condition or handicap.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_

DOB \_\_\_\_\_ Are you a citizen of the United States of America? ( ) Yes ( ) No

Have you applied here before? ( ) Yes ( ) No When? \_\_\_\_\_ Position applied for \_\_\_\_\_

Do you have any relatives presently working for the location that you are applying for?  
( ) Yes ( ) No, What relation? \_\_\_\_\_

Start When \_\_\_\_\_ ( ) Full time ( ) Part time ( ) Temporary ( ) Other \_\_\_\_\_

First Aid/CPR certified ( ) Yes ( ) No

EMPLOYMENT EXPERIENCE: Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

Employer 1 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of employment From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

Employer 2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of employment From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

Employer 3 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of employment From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

EDUCATION

Schools/Colleges Attended: # Years, Year Grad, Degree

High School \_\_\_\_\_ Years attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

College \_\_\_\_\_ Year Graduated \_\_\_\_\_ Degree \_\_\_\_\_

Other Schools \_\_\_\_\_ Year Graduated \_\_\_\_\_ Degree \_\_\_\_\_

Describe any special qualifications for this job:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you been a resident of North Carolina for five (5) years to present date? ( ) Yes ( ) No

Are you a veteran of the U.S. Military Service? ( ) Yes ( ) No

Have you been convicted of a crime? Misdemeanor ( ) Yes ( ) No Felony ( ) Yes ( ) No. If Yes,

Please explain. \_\_\_\_\_

\_\_\_\_\_

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary at arriving at an employment decision. I understand that this application is not a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination. By signing, I give permission for a NC or national criminal background check, DMV check, and a NC Health Care Registry check to be conducted annually.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Personnel Department Only

Remarks \_\_\_\_\_

\_\_\_\_\_

Interview report by \_\_\_\_\_  
I wish to order ( ) Credit report ( ) DMV Records ( ) Reference verification ( ) Criminal Records