

# APPLICATION FOR EMPLOYMENT PIEDMONT HEALTH CARE & REHAB CENTER

PRE-EMPLOYMENT QUESTIONAIRE  
EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME: _____		
LAST NAME	FIRST NAME	MIDDLE
ADDRESS: _____		
STREET	CITY	STATE      ZIP CODE
PHONE NUMBER: (____) _____	SOCIAL SECURITY NUMBER: _____ - _____ - _____	
CELL: (____) _____	REFERRED BY: _____	

## EMPLOYMENT DESIRED

POSITION APPLYING FOR: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_

FULL TIME     PART TIME    SHIFT(S) AVAILABLE TO WORK:     1<sup>ST</sup> SHIFT     2<sup>ND</sup> SHIFT     3<sup>RD</sup> SHIFT     WEEKENDS  
 ARE YOU NOW EMPLOYED?     YES    OR     NO    IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?     YES    OR     NO  
 EVER APPLIED TO THIS COMPANY BEFORE?     YES    OR     NO    WHEN? \_\_\_\_\_

## EDUCATIONAL HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS SCHOOL, OTHER			

ARE YOU LICENSED / CERTIFIED FOR THE JOB YOU ARE APPLYING FOR?     YES    OR     NO

ISSUING STATE: \_\_\_\_\_ LICENSE/CERTIFICATION NUMBER: \_\_\_\_\_

HAS YOUR LICENSE EVER BEEN REVOKED &/OR SUSPENDED?     YES    OR     NO    IF YES, EXPLAIN: \_\_\_\_\_

## FORMER EMPLOYERS (START WITH LAST JOB FIRST)

DATE MONTH YEAR	Name & Address of Employer & Supervisor's Name	SALARY	POSITION	PHONE NUMBER	REASON FOR LEAVING
FROM _____ TO _____					
FROM _____ TO _____					
FROM _____ TO _____					
FROM _____ TO _____					

## REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

NAME	ADDRESS	BUSINESS	PHONE NUMBER	YEARS KNOWN

## AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation 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 the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative 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 foregoing, unless it is in writing and signed by an authorized company representative."

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CIVIL/CRIMINAL HISTORY, CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

As part of its employee selection process, Piedmont Health Care routinely obtains civil/criminal history, consumer history, consumer and/or investigative consumer reports and/or credit information on applicants for employment and employees apply for promotions. The information contained In these reports may be used to deny an individual employment with Piedmont Health Care or to deny an employee a promotion to a particular position.

I, the undersigned consumer, do hereby authorize Piedmont Health Care, by and through an Independent contractor, Bullet Investigations ("the Agency") to procure a consumer report and/or investigative consumer report on me prior to employment and/or throughout the term of employment.

These above-mentioned reports may include, but are not limited to, employment and education and verifications of same; personal references; personal Interviews; personal credit history based on reports from any credit bureau, driving history, including any traffic citations; a social security number verification, present and former addresses; criminal and civil history/records, and/or any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to the Agency that is made within a reasonable time after the date hereof. I also understand that I may request a written summary of my rights under 15. USC 1681 et.seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above, to disclose the same to Piedmont Health Care, by and through the Agency, including but not limited to, any courthouse, any public agency, any and all law enforcement agency, and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Piedmont Health Care, the Agency, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report and/or civil/criminal history hereby authorized.

Printed Name: \_\_\_\_\_  
First Middle Last

Other Names/Alias: \_\_\_\_\_  
First Middle Last

Current Address: \_\_\_\_\_  
Street/ PO Box City State Zip Code

Former Address: \_\_\_\_\_  
Street/ PO Box City State Zip Code

Former Address: \_\_\_\_\_  
Street/ PO Box City State Zip Code

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver License # \_\_\_\_\_  
Include State Issued

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: (Circle One) Male or Female Phone # ( ) \_\_\_\_\_-

\*Without this information we will be unable to properly identify you in the event we find adverse information during the course of our background search.

I, hereby certify that the above information is true and correct, and understand that falsification of any of the above information may lead to discipline, termination, and/or denial of promotion or employment.

Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only  RN  LPN  CNA  Other \_\_\_\_\_