



Compassion Health Care, Inc.

439 US Hwy 158 West, Yanceyville, NC 27379

Phone: 336-694-9331

EMPLOYMENT APPLICATION

Compassion Health Care is an Equal Opportunity Employer. We consider all applicants for all positions without regard to race, color, creed, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please complete this application thoroughly, however, exclude any information which would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

If you are selected to fill a position, employment is contingent on passing a pre-employment drug screen and satisfactory completion of a background investigation.

POSITION APPLIED FOR	DATE OF APPLICATION
_____	_____
TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> PRN	

LAST NAME	FIRST NAME	MIDDLE NAME

STREET ADDRESS: _____		
CITY, STATE, ZIP: _____		
HOME PHONE: CELL PHONE:	EMAIL ADDRESS: _____	

Date available for work ____ / ____ / ____ Desired salary \$ _____

Have you ever been employed here before? ☐ yes ☐ no
If yes, give dates and position held _____

Do any of your friends or relatives work here? ☐ yes ☐ no
If yes, state name and relationship _____

Are you legally eligible for employment in the United States? ☐ yes ☐ no

Do you have a valid driver's license? ☐ yes ☐ no
If so, in what state? _____

Have you ever been discharged or asked to resign from a job? ☐ yes ☐ no
If yes, please provide details: _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime, other than a minor traffic offence? ☐ yes ☐ no
If yes, provide date and details _____

EMPLOYMENT HISTORY: Please provide the following information of your current and past employers, assignments, and volunteer activities, starting with the most recent. Use additional sheets if necessary.

EMPLOYER	DATES EMPLOYED		SUMMARIZE THE JOB RESPONSIBILITIES AND DUTIES PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE	Hourly Rate / Salary		
	Starting		
JOB TITLE	\$	per	
IMMEDIATE SUPERVISOR AND TITLE	Hourly Rate / Salary		
	Final		
REASON FOR LEAVING	\$	per	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER	DATES EMPLOYED		SUMMARIZE THE JOB RESPONSIBILITIES AND DUTIES PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE	Hourly Rate / Salary		
	Starting		
JOB TITLE	\$	per	
IMMEDIATE SUPERVISOR AND TITLE	Hourly Rate / Salary		
	Final		
REASON FOR LEAVING	\$	per	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER	DATES EMPLOYED		SUMMARIZE THE JOB RESPONSIBILITIES AND DUTIES PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE	Hourly Rate / Salary		
	Starting		
JOB TITLE	\$	per	
IMMEDIATE SUPERVISOR AND TITLE	Hourly Rate / Salary		
	Final		
REASON FOR LEAVING	\$	per	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Explain any gaps in employment _____

EDUCATIONAL BACKGROUND

Please provide the following information regarding your educational background. Indicate the name of the school, major field of study, Grade Point Average, degree/diploma/certificate earned, and year completed.

If you have not completed the program, please indicate the expected graduation date.

SCHOOL / PROGRAM	MAJOR	GPA	DEGREE EARNED	YEAR COMPLETED

ADDITIONAL INFORMATION

List any special training that you have completed and/or any experience(s) you may have had that may qualify you as being able to perform job-related functions in the position for which you are applying.

List professional, trade, business or civic associations and any offices held.

List special accomplishments, publications, awards, etc

List any specialized skills, equipment operated, or any other additional information which may be helpful to us in considering your application.

REFERENCES

Please provide the following information for three business, work, professional or academic references who are not related to you.

NAME	TELEPHONE NUMBER	NATURE OF ASSOCIATION	NUMBER OF YEARS KNOWN

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Compassion Health Care is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, Compassion Health Care, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer its representatives, employees, or agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Compassion Health Care does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from Compassion Health Care and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's CEO.

I understand that if I am selected for a position with CHC, a background investigation will be conducted and evaluated prior to the start of my employment and a drug screen will be completed. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. CHC uses e-Verify to validate eligibility for legal employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date