



1576 Kelly Drive • Sanford, NC 27330 • 919-776-4048

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any legally protected status.

(PLEASE PRINT)

Last Name	First Name	Middle Name		
Address Number Street	City	County	State	Zip
Telephone Number(s) (h)	(c)	Position(s) Applied For		
E-mail Address	Date of Application			
How did you learn about us? Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Referred By _____ Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/>				

If the job requires it, and you receive training as required, are you willing and able to assist someone with:

- using the toilet
- dressing
- bathing
- changing undergarments due to incontinence
- transferring to/from a wheel chair
- provide transportation for an individual with mileage reimbursement

Can you work in a household with pets?	Yes	No
Can you work 8 hours without having to smoke?	Yes	No
We communicate with our employees through e-mail. Are you willing to access e-mail weekly?	Yes	No

Best time to contact you is: _____ - _____ AM PM

Do any of your friends or relatives, other than spouse work here?	Yes	No
If yes, state relationship, and department: _____		
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?	Yes	No
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Proof of citizenship or immigration status will be required upon employment

Date available for work ___/___/_____ What is your desired salary range? _____

Are you available to work? Full-Time (8-4) Part-Time (3-7) Week-ends

Have you ever been convicted of breaking a law other than a minor traffic violation?	Yes	No
If yes, please give the date and explain fully on an additional piece of paper if more space is needed:		

Have you ever had a Department of Social Services (DSS) substantiation (found guilty)?	Yes	No
If yes, list county/state, date and explain fully on an additional piece of paper if more space is needed:		

Have you lived in North Carolina for the past 5 years?	Yes	No
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Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

EDUCATION	Name and Address of School	Course of Study	Dates Attended	Diploma/Degree
High School				
Undergraduate College or University				
Graduate/Professional				
Business/Trade/Technical School				

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected

WORK EXPERIENCE COVERING AT LEAST THE PAST 10 YEARS

Current or Last Employer	Dates Employed		Work Performed
	From (mo/yr)	To (mo/yr)	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor's Name			<input type="checkbox"/> Full Time ____ Years ____ Months <input type="checkbox"/> Part Time ____ Years ____ Months
Reason for Leaving			If part time, number of hours per week ____
Employer	Dates Employed		Work Performed
	From (mo/yr)	To (mo/yr)	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor's Name			<input type="checkbox"/> Full Time ____ Years ____ Months <input type="checkbox"/> Part Time ____ Years ____ Months
Reason for Leaving			If part time, number of hours per week ____
Employer	Dates Employed		Work Performed
	From (mo/yr)	To (mo/yr)	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor's Name			<input type="checkbox"/> Full Time ____ Years ____ Months <input type="checkbox"/> Part Time ____ Years ____ Months
Reason for Leaving			If part time, number of hours per week ____
We may contact the employers list above unless you indicate those you do not want us to contact.	DO NOT CONTACT		
	Employer Number(s)	Reason	



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Employer	Dates Employed		Work Performed
	From (mo/yr)	To (mo/yr)	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	<input type="checkbox"/> Full Time _____ Years _____ Months <input type="checkbox"/> Part Time _____ Years _____ Months
Supervisor's Name			<input type="checkbox"/> Part Time _____ Years _____ Months
Reason for Leaving			If part time, number of hours per week _____
Employer	Dates Employed		Work Performed
	From (mo/yr)	To (mo/yr)	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	<input type="checkbox"/> Full Time _____ Years _____ Months <input type="checkbox"/> Part Time _____ Years _____ Months
Supervisor's Name			<input type="checkbox"/> Part Time _____ Years _____ Months
Reason for Leaving			If part time, number of hours per week _____
Employer	Dates Employed		Work Performed
	From (mo/yr)	To (mo/yr)	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	<input type="checkbox"/> Full Time _____ Years _____ Months <input type="checkbox"/> Part Time _____ Years _____ Months
Supervisor's Name			<input type="checkbox"/> Part Time _____ Years _____ Months
Reason for Leaving			If part time, number of hours per week _____
We may contact the employers list above unless you indicate those you do not want us to contact.		DO NOT CONTACT	
		Employer Number(s)	Reason

Please include explanation of any gaps in employment.

Describe any specialized training in the last 3 years (such as first aid, CPR, CDA, ITS-SIDS, etc.), apprenticeship, skills, and extracurricular activities



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Describe any job-related training received in the United States Military.

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List Professional, trade, business or civic activities and offices held.

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected Status.

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ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience. List also any computer skills, computer programs, and office machinery that you may have proficiency using that relates to your employment with us.*

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Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES NO

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

Name			
Relationship			
Phone number(s)			
E-mail			
Best time to reach			



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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I give permission to Stevens Center to contact my past employers and waive my right to see the reference.

I give permission to Stevens Center to review the Health Registry if applicable to the position for which I am applying.

I authorize the Stevens Center to perform a criminal background check as part of this application process.

In the event of employment, I understand that if the Stevens Center discovers that I have intentionally given false answers or statements, or intentionally omitted correct and pertinent information in this employment application or in any document used to secure employment or advance employment, regardless of the time elapsed before discovery. I may be subject to discipline, change of employment status, reassignment, or termination.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without cause.

STEVENS CENTER IS A DRUG-FREE WORK ZONE

I understand that pre-employment drug screening and periodic unannounced drug screening are required for employment. Initial and continued employment is contingent on the results of drug screening.

Printed Name of Applicant

Signature of Applicant

Date