

Ashe Services for Aging, Inc.

P. O. BOX 9, 180 CHATTYROB LANE, WEST JEFFERSON, NC 28694

APPLICATION FOR EMPLOYMENT
(application must be complete to be considered for employment)

POSITION(S) APPLIED FOR: _____

DATE OF APPLICATION: _____

NAME: _____
(last) (first) (middle)

Current address:
STREET ADDRESS _____

CITY/STATE _____

Previous Address (If at current address less than 5 years):
STREET ADDRESS _____

CITY/STATE _____

Telephone Number _____ **Social Security #** _____

EMERGENCY CONTACT: _____
Name Phone #

Best time to contact you at home is: _____ a.m. _____ p.m.

Have you ever been employed with us before? _____yes _____no

Do any of your friends or relatives work here? _____yes _____no

If yes, state name and relationship _____

AVAILABILITY

(Check all the kinds of work you will accept)

- _____ Regular hours (any hours between 8 am and 5 pm Monday - Friday)
- _____ Special hours (hours between 5 pm and 8 am specify preference)
- _____ Weekends or holidays.

ABILITY TO DRIVE (Check all relevant items).

_____ Have a current drivers license

_____ Drivers license number

_____ Have an automobile available for work.

EDUCATION:

Grades: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4

List special training (certificates, degrees completed)

1. _____

2. _____

WORK EXPERIENCE (Paid Employment)

1. Current or most recent employer _____

Address _____ Phone _____

Job (s) held _____

Dates of employment _____ Current/ending salary _____

Reason for leaving _____

Name of supervisor _____

2. Employer _____

Address _____ Phone _____

Job (s) held _____

Dates of employment _____ Current/ending salary _____

Reason for leaving _____

Name of supervisor _____

3. Employer _____

Address _____ Phone _____

Job (s) held _____

Dates of employment _____ Current/ending salary _____

Reason for leaving _____

Name of supervisor _____

OTHER RELATED EXPERIENCE (Please describe).

PERSONAL/PROFESSIONAL REFERENCES (who are not relatives)

1. Name _____
Address _____
Phone _____

2. Name _____
Address _____
Phone _____

3. Name _____
Address _____
Phone _____

Does Ashe Services for Aging have your permission to check each reference that you have listed? _____.

May we contact your current employer? _____yes _____no

Date available for work _____

HEALTH: (optional)

Do you have any physical or mental condition(s) that could affect your job performance? _____
If so, please describe:

COURT CONVICTIONS:

Have you ever been convicted of an offense(s) other than a minor traffic violation? If so, please list.

ASA adheres to the policy of Employment at Will, which enables the Agency or the employee to terminate the employment relationship at any time – with or without cause.

All employment will be determined pending completion of a background check

All statements made on this application are true, complete and are correct to the best of my knowledge. I understand that false information may be grounds for rejection of my application and/or dismissal if I am employed.

Signature of Applicant

Date

(Application will remain on file for one (1) year (unless applicant is hired) and will then automatically be destroyed unless applicant requests that it be kept in the current file).

(For Office Use Only)

REFERENCES _____ DATE _____

1. NAME _____

COMMENTS/ELIGIBILITY FOR REHIRE _____

2. NAME _____

COMMENTS/ELIGIBILITY FOR REHIRE _____

**AUTHORITY FOR RELEASE OF INFORMATION
State and Federal Record Check**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the Federal Bureau of Investigation's files for a national criminal history record check in connection with my application for employment, my employment or volunteer services with Ashe Services for Aging, Inc. pursuant to N.C.G.S. 114-19.3, 131D-40, or 131E-265. Federal access is also allowed under PUBLIC LAW 105-277 for Nursing Facilities and Home Health Care agencies to employees who provide direct patient care only.

(Print or Type)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named Health Care Provider, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the Health Care Provider cannot provide a **hard copy** of the results of this criminal history record check to me.

Applicant's/Employee's/Volunteer's Signature

Date

Office Use Only

This request form must be accompanied with a transmittal letter from the Authorized Official or individual requesting Criminal History Record Information. This request must be mailed to:

State Bureau of Investigation
Identification Section
Post Office Box 29500
Raleigh, North Carolina 27626-0500

ORI # HCPCAR551 – ASHE SERVICES FOR AGING, INC.

01-132-05

**Health Care Providers
January 9, 2001**

**SBI FINGERPRINT CARD CHECK - \$14.00 _____
FBI FINGERPRINT CARD CHECK - \$24.00 _____**