



Employment Application

100 Carolina Meadows, Chapel Hill, NC 27517

Fax: 888-977-1868

AN EQUAL OPPORTUNITY EMPLOYER

TOBACCO-FREE CAMPUS

Carolina Meadows Home Care, Inc conducts criminal background checks and drug testing on all employees.
 Employment at Carolina Meadows Home Care, Inc is contingent on the successful completion of a post-offer, pre-employment physical examination.
 We consider applicants for all positions regardless of race, color, religion, creed, genetic information, gender, national origin,
 disability, military status, sexual orientation, age or any other legally protected status.

Position(s) Applied For:	Salary Desired:	Date of Application:
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First Name	Last Name	Middle Name	Other Name(s) Used
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Street Address	City	State	Zip Code
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Telephone Number(s) Home:	Cell:	Email:
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Are you available to work: Full-time Part-time Either Full-time or Part-time PRN/As Needed
 Days/Times you are NOT available to work:

Has your professional licensure/certification ever been suspended or revoked? Yes No
 Have you ever been convicted of, plead no contest to, or entered into a plea agreement for any crime (including misdemeanors) other than a minor traffic infraction? Yes No
 (Answering Yes may not disqualify you from employment. However, failure to accurately disclose all information will result in disqualification from employment or termination of employment, if hired. Criminal background checks are conducted on all new employees and are a condition of employment.)
 If Yes to either of the above questions, please explain and include date(s):

How did you hear of this position? Check the source and fill in name as applicable.

Publication/Website _____ Job Fair at _____
 Carolina Meadows Employee _____ Other _____

General Information

Are you 18 years old or older? Yes No, If No please list age _____

Have you ever been employed with Carolina Meadows before? Yes No If Yes list dates of employment: From _____ To _____

Are you legally authorized to work in the United States? Yes No

Did you graduate from High School or obtain a GED? Yes No

Current or Most Recent Employer

Employer & Address:	Dates Employed		Work Performed
	From Month/Year	To Month/Year	
Telephone Number(s)	Hourly Rate/Salary		May we contact current employer before job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Starting	Ending	
Supervisor Name			Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If No explain:
What is/was Your Job Title with this Company?			
Reason for Leaving			

Previous Employer 2			
Employer & Address:	Dates Employed		Work Performed
	From Month/Year	To Month/Year	
Telephone Number(s)	Hourly Rate/Salary		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If No explain:
	Starting	Ending	
What was Your Job Title with this Company?			
Supervisor Name			
Reason for Leaving			

Previous Employer 3			
Employer & Address:	Dates Employed		Work Performed
	From Month/Year	To Month/Year	
Telephone Number(s)	Hourly Rate/Salary		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If No explain:
	Starting	Ending	
Supervisor Name			
What was Your Job Title with this Company?			
Reason for Leaving			

Please Read Carefully

In making application for employment with Carolina Meadows Home Care, Inc. (the "Company"), I understand and acknowledge the following:

- The information given by me on this application is true in all respects, and I have not failed to disclose information that the Company could reasonably consider relevant to its hiring decision. I understand that I may be refused employment, or if employed, terminated, if I give false or misleading information on my application or during the interview process.
- I expressly authorize and request, without reservation, the Company, its representatives, employees and 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, resume or job interview. I hereby waive any and all rights and claims I may have against the Company, its agents, employees or representatives, for seeking, gathering and using such information in the hiring and employment process, and all other persons, corporations or organizations for furnishing such information about me. I also release the Company and such other persons or entities from any and all liability regarding same.
- It is the policy of the Company to afford equal opportunity to all employees and applicants for employment without regard to race, color, religion, creed, genetic information, gender, national origin, disability, military status, sexual orientation, age or any other characteristic protected by Federal or State law.
- I acknowledge that my application will be given proper consideration given business needs by the Company and my qualifications as stated on the application, but its receipt does not imply that I will be further contacted, offered employment or be employed by the Company.
- If I am hired, I am free to resign at any time, for any reason or no reason, and with or without prior notice. The Company reserves the same right to terminate my employment at any time, for any reason or no reason, and with or without prior notice. This application does not constitute an agreement or contract of employment for any specified period of time.
- Should I become employed with the Company, I acknowledge that I will be required to follow its policies, rules, regulations, standards, business ethics and any modifications or amendments to them.
- If I am hired, I will be required to provide proof of identity and legal authority to work in the United States and to otherwise complete an I-9 form in accordance with Federal immigration laws.
I acknowledge that I have read and fully understand the foregoing, and have had the opportunity to ask questions, which, if asked, were satisfactorily answered.

Signature of Applicant: _____

Date: _____

Print Name: _____