

ELITE CARE INC.
132 WEST MAIN STREET
WILLIAMSTON, NC 27892
PHONE: (252)-792-7812
FAX: (252)-792-7812

APPLICATION FOR EMPLOYMENT

Federal and state laws prohibit discrimination in employment because of sex, age, race, color, religious creed, and marital status, national origin, ancestry, disability, or handicap.

PERSONAL INFORMATION

DATE: _____

NAME: _____
 LAST FIRST MIDDLE INITIAL

ADDRESS: _____

CITY STATE ZIPCODE

DOB: _____

TELEPHONE: _____ SOCIAL SECURITY: _____

If not a U.S. Citizen, do you have the legal right to remain permanently and work in the United States? Yes _____ No _____ Alien Reg. No. _____

Do you have any disability, which would substantially interfere with your ability to perform the duties of the job for which you have applied? Yes _____ No _____
If yes, describe the disability and explain the work limitation as it pertains to the job for which you have applied.

EMPLOYMENT DESIRED:

Position applied for: _____

Shift you can work: _____

Can you work weekends? Yes _____ No _____

Date you can start: _____

Have you ever applied to this Company before? Yes _____ No _____

When _____ Supervisor _____

Reason for Leaving:

EDUCATION:

Highest grade completed: _____

Name of last school attended: _____

Vocational or trade training: _____

References: Give below three persons not related to you.

1. _____

2. _____

3. _____

Have you ever been convicted of a felony? Yes _____ or No _____. If yes, please explain the nature of the offense and conviction.

Describe any special qualifications for this job:

Driver's License #: _____ State _____ Expiration _____

EMPLOYMENT EXPERIENCE: Start with your present job or last job. Include military assignment and other volunteer activities. Exclude organizational names, which indicate race, color, religion, sex, or national origin.

Employer 1 _____

Address: _____

City _____ State _____ Zip Code _____

Phone #: _____ Supervisor's Name: _____

Job Title: _____ Reason for leaving: _____

Responsibilities:

Dates of Employment: From _____ To _____ Salary or Hourly Rate _____

Employer 2 _____

Address: _____ City _____

State _____ Zip Code _____ Phone #: _____

Supervisor's Name: _____

Job Title: _____ Reason for Leaving: _____

Responsibilities:

Dates of Employment: From _____ To _____ Salary or Hourly Rate _____

Employer 3 _____

Address: _____

City _____ State _____ Zip _____

Phone #: _____ Supervisor's Name: _____

Job Title: _____ Reason for Leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly Rate _____

Responsibilities:

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature: _____

Date: _____
