

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Name _____
Last First Middle If you have worked under another name, please list.

Address _____
Street City State Zip Code

Home Mobile E-mail
Phone Phone Address

In case of emergency, please notify

Name/Relationship Contact Number Alternate Contact Number

Are you under 18 years of age?

☐ Yes ☐ No

Are you eligible to work under the laws of the United States?

☐ Yes ☐ No

In the last seven years, have you been convicted of, pleaded guilty to, pleaded nolo contendere or been placed on probation for a crime, felony, or other offense?
☐ Yes ☐ No (Please do not disclose any conviction or plea that has been expunged from your record, any arrests without conviction, convictions of minor traffic offenses, or convictions for which a record has been sealed.)

If yes, explain

(Please note that a criminal record will not necessarily disqualify you from employment.)

INDICATION OF INTERESTS

What position are you seeking? _____ Which location? _____

Are you currently under any employment agreement with a noncompetition or notice period requirement?? _____ Date Available: _____

Are you currently working? ☐ Yes ☐ No Have you ever worked for Integrity? ☐ Yes ☐ No If yes, where and when? _____

How did you hear about this opening? _____ Are you related to or do you know anyone who works at or is affiliated with one of our affiliate properties? If so, please elaborate. _____

What type of work will you consider? (Check as many as apply) ☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Nights ☐ Contract ☐ Weekends

What compensation range are you seeking? _____

EDUCATION (Please list highest level of education first and continue in descending order.)

School, College, University Name/ Location	Major Course of Study	# of Years Attended	Completed
			<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____
			<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____
			<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____

Please list certifications and licenses you hold _____

Have you ever been discharged or forced/asked to resign? ☐ Yes ☐ No If yes, which job (s)? _____

EMPLOYMENT EXPERIENCE

(Begin with most recent position; cover at least 7 years prior—print additional page if necessary.) PLEASE COMPLETE THIS SECTION IN FULL EVEN IF RESUME IS ATTACHED. DO NOT WRITE "SEE RESUME."

Company Name & Address	Supervisor Name & Title	Supervisor Phone Number	Dates of Employment
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Your Title/Duties		Reason for Leaving	Salary/Pay Rate

Company Name & Address	Supervisor Name & Title	Supervisor Phone Number	Dates of Employment
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Your Title/Duties		Reason for Leaving	Salary/Pay Rate

Company Name & Address	Supervisor Name & Title	Supervisor Phone Number	Dates of Employment
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Your Title/Duties		Reason for Leaving	Salary/Pay Rate

This application will be considered current for a period of sixty (60) days after it is filed. If you wish to be considered for employment after that period, you may be required to renew your application. It is the policy and practice of this employer to provide equal opportunity to all persons. We do not discriminate against its employees or applicants for employment because of race, color, national origin, religion, age, sex, disability, veteran's status or any other protected group. This policy applies to all aspects of the employment relationship, including, but not limited to, recruitment, selection, advancement, compensation, benefits, layoff, recall, transfer and termination. While you are working for our company, if you have reason to believe you have suffered harassment or discrimination, you must notify the PEO Hot Line, Human Resource Representative, your Community Manager, the Chief Operational Officer (COO) or the Chief Executive Officer (CEO) within 24 hours of the occurrence.

I voluntarily give this employer or its designated agent or affiliate the right to verify my employment record and education, and to conduct criminal, driving record and credit checks prior to or during my period of employment, and I agree to cooperate in such verification. I release from all liability or responsibility all persons, companies, organizations and corporations supplying related information. I understand that any false statements or omissions made by me on this application or in connection with the above referenced verification may be cause for my termination.

Applicant Signature

Date

AUTHORITY FOR RELEASE OF INFORMATION
State Access Only
Name Check Access

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with Open Arms Retirement Center - HAL-047-014, pursuant to DHHS-LONG TERM - STATE AND FED - NCGS 122C-80B/131D-40A A1/131D-40A A1.

(Type or print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, 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 above named agency cannot provide a HARD COPY of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

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

Date

This form must be maintained on file with the above named agency for one year.