|  |  |
| --- | --- |
| (336) 859-2181info@mtvistahealth.com | EmploymentApplication  |

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |
| Previous Address: |  |  |
|  | *Street Address* | *Apartment/Unit #* |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | *City* | *State* | *ZIP Code* |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Available: |  | Social Security No.: |  | Desired Salary: | $ |

|  |  |
| --- | --- |
| Position Applied for: |  |

Full Time/Part Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What shift (1st, 2nd, 3rd) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If so, may we contact them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied to this company before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If so when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## General Information

Special Skills, Study or Activities:

Highest level of education completed:

Member of the National Guard or Reserve? Yes [ ]  No [ ]

Have you lived in North Carolina for the past 5 years: Yes [ ]  No [ ]

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  |  |  |

|  |  |
| --- | --- |
| Responsibilities |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |
| --- | --- |
| Job Title: |  |

|  |  |
| --- | --- |
| Responsibilities |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |
| --- | --- |
| Job Title: |  |

|  |  |
| --- | --- |
| Responsibilities |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |

## References

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

[ ]  I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal

[ ]  I authorize the investigation of all statements contained herein and the references listed above to give you all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you

[ ]  I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

[ ]  I Understand that a check of the sex offense registry will be conducted

[ ]  I Understand that a state criminal record check will be conducted

[ ]  If I have been a resident of North Carolina less than five years a federal criminal background check will be completed. I understand that if I have given any false information on this application the facility will report the findings to local law enforcement and, if applicable, the nurse aide registry.

Date Signature

|  |  |
| --- | --- |
|  | Employment RecordQuestionnaire  |

MOUNTAIN VISTA HEALTH PARK

 PO BOX 1547

DENTON, NC 27239

PHONE: (336) 859-2181 FAX: (336) 859-4053

info@mtvistahealth.com

TO: COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In placing an application with us for the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the above-named applicant has given your name as a reference. We would appreciate any information you can give us concerning the applicant’s performance while in your employ. All information will be held in strict confidence.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departmental Supervisor

Please answer the following as accurately as possible

EMPLOYMENT DATES: FROM: \_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERFORMANCE EVALUATION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | EXCELLENT | ABOVE AVERAGE | AVERAGE | UNSATIFACTORY |
| QUALITY OF WORK |  |  |  |  |
| DEPENDABILITY |  |  |  |  |
| COOPERATION |  |  |  |  |
| ATTITUDE |  |  |  |  |
| ATTENDANCE |  |  |  |  |

Did employee appear to be in good mental and physical health? YES [ ]  NO[ ]

Was employee considered to be of generally good character? YES [ ]  NO [ ]

Was employee considered to be honest and trustworthy? YES [ ]  NO [ ]

REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you rehire? YES NO If not, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize my past or present employer to release all information concerning my employment record, character, habits, abilities, and reason for leaving their employ.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_