

# ACCESS HOME HEALTHCARE

8394 Six Forks Rd Suite 101  
Raleigh NC 27615  
Tel: (919) –845-6830  
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**APPLICATION FOR EMPLOYMENT**

Access Home Healthcare is an equal opportunity employer. Access Home Healthcare does not discriminate because of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, physical or mental disability, matriculation, or political affiliation.

**1. PERSONAL INFORMATION  
(Please Print)**

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

Name (Last): \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_ (SSN) \_\_\_\_\_ DOB  
\_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip  
Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_, Cell # \_\_\_\_\_ Referred By:  
\_\_\_\_\_

Note: Many positions at Access Home Healthcare, requires a valid driver’s license for the job.  
# \_\_\_\_\_ State \_\_\_\_\_

Do you have relatives already employed by Access Home Healthcare? \_\_\_\_ If yes, list their names:  
\_\_\_\_\_

**111. EDUCATION**

	Name & Location of School	Years Completed	Degree/ Diploma	Major Subjects/Field
HIGH SCHOOL OR GED EQUIVALENCY				
COLLEGE				
GRADUATE/PROF.SCHOOL				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

Other foreign language other than English \_\_\_\_\_ Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_  
Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

**IV.EMPLOYMENT HISTORY**

**List previous employers, volunteer work. Start with present or most recent placement.**

Date: Month/ Year	Name Address of Employer	Supervisor &Telephone #	Position/ Duties	Reason for Leaving
1. From: _____ To: _____ Salary _____				
2. From: _____ To: _____ Salary _____				

If you are now employed, may we contact your present employer? ( ) YES ( ) NO

- Job Applying for:
- ( ) Clerical Accounting
  - ( ) Adult Program Workshop
  - ( ) Case Manager
  - ( ) In-Home Aide
  - ( ) Residential Counselor
  - ( ) Family Trainer
  - ( ) Registered Nurse
  - ( ) Nurse Aide
  - ( ) Other: \_\_\_\_\_

Shift Available: 1<sup>st</sup> \_\_\_\_\_  
 2<sup>nd</sup> \_\_\_\_\_  
 3<sup>rd</sup> \_\_\_\_\_

The Equal Opportunity Commission requests that Access Healthcare track the following information for the purpose of showing that we follow fair procedures to prevent discrimination in hiring. If you choose to answer the following, please be assured that the information will be kept confidential and will only be used in EEO reporting.

Sex: ( ) Male  
 ( ) Female                      Race: \_\_\_\_\_

Have you served in the US armed Services? ( ) YES ( ) NO

Are you presently listed as disabled?             YES      no

**V.     GENERAL INFORMATION**

1. Have you ever pleaded guilty to or been convicted of a crime including convictions or guilty plea in a court martial (excluding minor traffic violation for which a fine or forfeiture of \$50.00 or less was imposed)?  
 YES      NO

If yes, please explain and give the date for each, nature of the offense, the name and location of the court, the penalty imposed, if any, and the disposition of the case. A plea of guilty or a conviction will not be necessarily before employment. Factors such as the date of the offense, your age at that time, nature of the violation, and rehabilitation will be taken into account. (Use additional paper, if necessary).

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2. Are there any criminal charges currently pending against you (e.g., are you out on bail or on your own recognizance in connection with any criminal charges)?  
 YES      NO

If yes, please explain: \_\_\_\_\_

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3. Have you ever been terminated from job because you were accused of child or client abuse, neglect or mistreatment, or because our employer or anyone else found that you had committed such an offense?  
 YES      NO

If yes, please explain: \_\_\_\_\_

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4. Have you ever had any professional or occupational license or certification suspended or canceled?  
 YES      NO

If yes, please explain: \_\_\_\_\_

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5. Have you ever had any disciplinary action taken against you by any licensing authority or professional or occupational association?  
 YES      NO

If yes, please explain: \_\_\_\_\_

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6. If your duties will involve driving, answer the following: Have you ever had your driver's license suspended or revoked?  
 YES      NO

If yes, please explain: \_\_\_\_\_

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7. Please list any additional information you think we should consider in evaluating your application for employment (for example hobbies, special skills and interests).

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**VI.     PROFESSIONAL REFERENCES.**

Note: List the names and telephone numbers of three references (for example: present or past teachers, supervisors or other managers). Make sure names and telephone numbers are accurate in order that your application can be processed promptly.

Names & Address	Daytime Phone Number	Relationship

**VERIFICATION OF EMPLOYMENT**

**AUTHORIZATION TO OBTAIN PROFESSIONAL REFERENCE CHECK**

To comply with State and Local Laws governing facilities that serve in the public interest. Access Home Healthcare. Must obtain at least 2 references for each employee.

I authorized Access Home Healthcare to receive documentation from the above listed employer to investigate information pertaining to current and past work history and release all parties from any liability with respect to information given. I understand that all information on this will be kept confidential.

**X Applicant Signature:**

**Date:**

**APPLICANT’S STATEMENT**

I understand that Access Home Healthcare follows an “employment at will” policy, which means that the company or I may terminate my employment at any time, for any reason consistent with applicable state or federal law. This “employment at will” policy cannot be changed, unless the change is specifically authorized in writing by the Chief Executive Officer of this organization.

I understand that this application is not a contract of employment.

I understand that if I am offered a job, federal law requires me to submit satisfactory proof of employment authorization and identity. If I do not do so, the offer of employment will be withdrawn.

I understand that this application will be active for the period of 90days. After that time, if I wish to be considered for employment, I must submit a new application.

I understand that Access Home Healthcare has a drug and alcohol policy that includes pre-employment screening for drugs and alcohol. If I fail this screening, or fail or refuse to be tested, I will not be offered a job. In addition, I understand that random screening is a condition for continued employment.

I understand that personnel with a criminal record may not work in any client’s home. The State Bureau of Investigation may conduct a criminal background check on me and I authorize Access to do so. If I have not been a resident of North Carolina for 5 years, a national background check will be conducted. I will not be allowed to work at Access Home Healthcare with criminal background.

I understand that Access Home Healthcare will check to see if I have any history of child abuse or

neglect and that I may not be hired for or remain in certain jobs if I have such history.

If Access Home Healthcare makes a contingent job offer to me, I understand that as a condition of employment, I will be required to provide a pre-employment communicable Disease and Physical Condition Report completed by my doctor, as well as an annual update thereafter.

I understand that Access Home Healthcare will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorized all individuals, schools, and firms that I have named herein (except my current employer if so noted) to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that I have read this form in its entirety and that the information herein provided is true, accurate and complete to the best of my knowledge. I understand that, if any statement I have made in this application, in related papers or in interviews is false, misleading or erroneous, regardless of when discovered, it may result in rejection of my application or in my discharge if I have been employed.

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