



Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: () E-mail Address:

Date Available: Part Time Full Time Desired Salary: \$

Position Applied for: Are you at least 21 years old? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO If yes, explain:

Use additional documentation if necessary

Education

High Sc: Address:

From: To: Did you graduate? YES NO Degree:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: Relationship:

Company: Phone: ()

Full Name: Relationship:

Company: Phone: ()

Full Name: Relationship:

Company: Phone: ()

Previous Employment

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

If you are submitting your application electronically, submission of the application constitutes your acceptance of this statement.

Conditions of Employment Statement

I certify that the information I have provided on my application is complete and accurate and give NuCare Carolina the right to investigate all information given and to secure additional appropriate information if necessary. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment and hereby release from all liability all persons, companies, or corporations furnishing such information in good faith.

I understand and acknowledge that any employment relationship with NuCare Carolina is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of NuCare Carolina. Additionally, the completed application is not a contract or guarantee of employment.

I further understand that any misleading or incorrect statements or the failure to complete any part of this application not prohibited by law may render this application void and if employed, could be cause for immediate discharge. Also, I understand that if employed I would be required to abide by all rules and regulations of the Employer.

It is the policy of NuCare Carolina to ensure that its employees are free from the effects of alcohol and drugs. I understand that all applicants selected for employment must satisfactorily pass a drug screening test. Those applicants with a confirmed positive test for drugs/alcohol will not be hired.

Applicant's Signature (or Digital Signature)

Date

If you are submitting your application electronically, submission of the application constitutes your acceptance of this statement.

Please make sure you have filled out all sections COMPLETELY and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. Once submitted, application materials become property of NuCare Carolina. An application must be received in Human Resources by 5pm on the closing date posted to ensure consideration.

