

Date _____ Position Applied For _____ Date Available _____
 Salary Desired _____

PERSONAL INFORMATION Name _____ <small>(Last) (First) (Middle)</small> Social Security Number _____ Address _____ <small>Street City State Zip</small> Home Phone () _____ Are you over 18 years of age? ____Yes____No	Full Time Part Time Shift Preference 1 st _____ 2 nd _____ 3 rd _____
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Previous address: (if at current address less than 7 years)

Have you worked here before? ____ If yes, dates employed? From _____ To _____ Position: _____
 Reason for leaving: _____

Have you applied here within the last six months? ____ If yes, position applied for: _____

Have you been convicted of a crime or released from prison? ____Yes ____No
 If yes, please explain: _____

If hired, can you furnish proof that you are eligible to work in the United States ? ____Yes ____No (If unsure of the documents needed to prove eligibility to work in the U.S., we will explain the legal requirements.)

If no, please explain: _____

EDUCATIONAL INFORMATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 5 6

Schools	Name and Location	Course/Major	Degree
High School			
College/University			
College/University			
Graduate/Professional			
Business/Trade/Military			

Professional affiliations and/or accreditations: _____

Special skills and/or abilities: _____

EMPLOYMENT HISTORY (List in chronological order for last 10 years - present employer being first. Please account for any breaks or gaps in your employment history [or periods of unemployment])

Present/Most Recent Employer		Address			
		Telephone			
Job Title	Supervisor	Dates Employed		Salary	
		From	To	Beginning	Ending
Description of Duties					
May we contact? Yes ___ No ___		Reason for Leaving			
Previous Employer		Address			
		Telephone			
Job Title	Supervisor	Dates Employed		Salary	
		From	To	Beginning	Ending
Description of Duties					
May we contact? Yes ___ No ___		Reason for Leaving			
Previous Employer		Address			
		Telephone			
Job Title	Supervisor	Dates Employed		Salary	
		From	To	Beginning	Ending
Description of Duties					
May we contact? Yes ___ No ___		Reason for Leaving			
Previous Employer		Address			
		Telephone			
Job Title	Supervisor	Dates Employed		Salary	
		From	To	Beginning	Ending
Description of Duties					
May we contact? Yes ___ No ___		Reason for Leaving			
Previous Employer		Address			
		Telephone			
Job Title	Supervisor	Dates Employed		Salary	
		From	To	Beginning	Ending
Description of Duties					
May we contact? Yes ___ No ___		Reason for Leaving			

IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING

Aldersgate is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, sex, national origin, age (as protected by the Age Discrimination in Employment Act, which prohibits discrimination on the basis of age with respect to individuals 40 years of age or older), physical or mental disability (as protected by the Americans with Disabilities Act), or any other characteristic as protected by state or federal law.

Any misrepresentation, falsification, or willful omission in this application or other documents or information provided during the hiring process may be sufficient reason for refusal of employment or dismissal after employment. A routine inquiry may be made during the processing of this application to obtain information about your employment record, character, and reputation. Information as to the nature and scope of this inquiry will be provided to you upon written request.

I hereby authorize all persons and organizations I have named on this application or during the hiring process to provide Aldersgate with any relevant information it may need to arrive at an employment decision.

I hereby authorize Aldersgate to require me to undergo a drug test, should I be made an offer of employment with Aldersgate. In addition, I hereby give my consent to an approved laboratory, as selected by Aldersgate, to collect a suitable sample and to conduct both screening and confirmation tests on that sample, pursuant to N.C. Gen. Stat. Section 95-232. If the determination is still positive, I realize that the job offer with Aldersgate is negated. I also realize that if I fail to provide a suitable sample or fail to cooperate with the medical review officer, I will not be eligible for employment.

Applicants accepted for employment are hereby notified that employment and compensation can be terminated, with or without cause, at any time at the option of either Aldersgate or the employee. No representative of Aldersgate other than the President has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

In signing this application, I certify that I have read the above statements, that I understand all of the information they contain, and that all of the information I have provided is true and accurate, to the best of my knowledge and belief. I am signing this application, including the consent and authorization to undergo a drug test, voluntarily and of my own free act.

Signature

Date

Aldersgate

A United Methodist
Retirement Community

APPLICATION FOR EMPLOYMENT

3800 Shamrock Drive *Asbury Care Center* *Epworth Place*
Charlotte, North Carolina 28215-3298 Telephone: 704-532-3100 Fax: 704/532-7378
Job Line: 704-532-7075