



Application for Employment

Lower Cape Fear Hospice & LifeCareCenter
1414 Physicians Drive
Wilmington, NC 28401
910.796.7900

Please complete all sections fully. Incomplete applications will not be considered.

Date: _____ Position(s) Applying For: _____
Name (last, first, middle) _____ Social Security Number _____
Address _____ Phone _____
_____ Phone for message _____
City/State/Zipcode _____ Salary Expected _____
Previous Address (if less than 2 year at current address)
_____ City/State/Zipcode _____

Job Data

Will you work weekends? Yes No. Explain below. Will you work holidays? Yes No. Explain below.

Date available for work _____ Hours available _____

Have you ever worked for Lower Cape Fear Hospice & LifeCareCenter? Yes No. If so, when and in what position? _____

Are you related to anyone employed at Lower Cape Fear Hospice & LifeCareCenter? If so, whom? _____
Relationship? _____

Have you ever been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? Yes No.
If yes, explain. _____

Professional Registration/Certification, License Information

Title _____ No. _____ State _____ Exp. Date _____

Title _____ No. _____ State _____ Exp. Date _____

Has your registration, certification or license ever been revoked or suspended? Yes No.

If yes, explain. _____

Education

	Name & Address	City/State	Dates (To-From)	Graduated/GED	Course/Degree
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____	_____
Nursing School	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

Send completed application with resume to the address above.

Work Experience

Begin with your most recent employer. May we contact him/her? Yes No. (Attach separate sheet if needed).

Name & Address & Telephone # _____ Dates: from _____ to _____ Salary/Week _____
_____ Position _____ Supervisor _____

Duties _____

Reasons for leaving _____

Name & Address & Telephone # _____ Dates: from _____ to _____ Salary/Week _____
_____ Position _____ Supervisor _____

Duties _____

Reasons for leaving _____

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Duties _____

Reasons for leaving _____

Name & Address & Telephone # _____ Dates: from _____ to _____ Salary/Week _____
_____ Position _____ Supervisor _____

Duties _____

Reasons for leaving _____

Skills

What qualifications do you have for the job for which you are applying? _____

References

Personal or professional references other than relatives:

Name	Address	City/State	Telephone	Occupation
------	---------	------------	-----------	------------

1. _____

2. _____

3. _____

4. _____

Miscellaneous

Are you a U.S. Citizen?

Yes No. Visa type _____ Visa Number _____

Have you ever been convicted of a crime, either civilian or military?

(Include both felonies and misdemeanors. A conviction record will not necessarily be a bar to employment. Factors such as age and time of offense, seriousness and nature of violation will be taken into account.)

Yes No. If yes, give dates and explanation _____

If yes, are you currently on probation, either supervised _____ or unsupervised _____?

If the position you are applying for requires driving of your personal or a company vehicle, do you have a current North Carolina driver's license?

Yes No.

Has your driver's license ever been revoked or suspended?

Yes No. If yes, explain _____

How were you referred to Lower Cape Fear Hospice & LifeCareCenter? Be specific (give source, names, etc.)

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that my answers to the question on this application are true and that to safeguard the welfare of myself, my associates, the patients and Lower Cape Fear Hospice & LifeCareCenter once given a conditional offer of employment, I will consent to all legally permissible physical and other examinations required at any time Lower Cape Fear Hospice & LifeCareCenter. I understand that if I am employed, it will be on a trial basis for the first 90 days If employed, I agree to abide by the rules and regulations of Lower Cape Fear Hospice & LifeCareCenter. I understand that my employment can be terminated at any time, with or without cause, at the option of either Lower Cape Fear Hospice & LifeCareCenter or myself. I understand that if employed, this application becomes part of the terms and conditions of my employment. Falsified statements on this application or other employment documents may result in termination of my employment.

Signature of Applicant

Date

Permission for Reference Release



To Whom It May Concern

Having made application for employment with Lower Cape Fear Hospice & LifeCareCenter and desiring it to be informed as to my previous record and character, I hereby authorize the release of my past record and forward any and all requested information which may concern my record and character. I hereby release all such persons/institutions from liability or damages as a result of inquiry or furnishing this information.

Date _____ Signature of Applicant _____

Lower Cape Fear Hospice & LifeCareCenter • 2222 S. 17th Street. • Wilmington, NC 28401 • 910.796.7900 • 800.733.1476

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Lower Cape Fear Hospice & LifeCareCenter

Equal Employment Opportunity Information Form

The information requested on this form will be used for statistical purposes only. It will be used for Equal Opportunity Reporting and will be maintained as a separate document from your completed application. No persons involved with the selection process will see this document.

Date: _____ Sex: (M) _____ (F) _____ Date of Birth: _____

Position applied for: _____

Race (check one): African-American _____ Caucasian/White _____
Asian/Pacific Islander _____ American Indian/Alaska Native _____
Hispanic _____

Do you have a disability? Yes _____ No _____

If yes, explain nature of disability _____

PE-058 (Jul-98)

SUPPLEMENTAL DATA (Please Print Clearly)

Name _____
 Last, First, Full Middle Name _____ Social Security No. _____
 Maiden Name and/or Other Names Used _____
 (list year when **each** name changed)

Have you ever been convicted of a crime? Yes ___ No ___

If Yes, Felony _____ or Misdemeanor _____, List Date: _____ City/County: _____ State _____

If Yes, Disposition of Case _____

Drivers License No. _____ State _____

Have you ever been convicted of a crime other than minor traffic violations? _____ If yes, give date and explain.

HOME ADDRESSES FOR PAST 7 YEARS (Use additional page if needed)

_____	Mo _____	Yr _____	to	Mo _____	Yr _____
Present Street Address, City, State, Zip					
_____	Mo _____	Yr _____	to	Mo _____	Yr _____
Street Address, City, State, Zip					
_____	Mo _____	Yr _____	to	Mo _____	Yr _____
Street Address, City, State, Zip					
_____	Mo _____	Yr _____	to	Mo _____	Yr _____
Street Address, City, State, Zip					

EDUCATION (List ultimate degree)

GED: Yes ___ No ___ Date received _____ Name and Address of Site _____
 Name _____

City _____ State _____
 Mo _____ Yr _____ to Mo _____ Yr _____
 Name of High School _____

Street Address, City, State, Zip _____ Diploma Received: Yes ___ No ___
 Mo _____ Yr _____ to Mo _____ Yr _____
 Name of College _____

Street Address, City, State, Zip _____ Degree Received: Yes ___ No ___
 Degree/Major _____ Date Degree Received _____

List last name(s) if different than above at time of high school/college attendance: _____

Type of Professional License/Certification _____ State _____ Date Received _____
 License/Certification # _____
 Location where License/Certification was received _____

DISCLOSURE STATEMENT

Disclosure

In connection with an evaluation of your qualifications for employment, promotion, reassignment, or retention as an employee or contractor with **Lower Cape Fear Hospice & LifeCareCenter** ("the Employer"), the Employer may obtain a "consumer report" and an "investigative consumer report" pertaining to you. A "consumer report" consists of any written, oral, or other communication of information by a consumer reporting agency bearing on a person's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. An "investigative consumer report" is a consumer report or portion thereof in which information on a person's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the person reported on, or through personal interviews with others with whom he/she is acquainted or who may have knowledge concerning such items of information.

The Employer will be utilizing Corporate Investigations, Inc. ("CII"), a consumer reporting agency, to conduct an investigation into your background and to prepare a consumer report and/or investigative consumer report pertaining to you. In conducting its investigation, CII may contact your neighbors, friends, associates, or other people who may have knowledge of your personal, employment, or educational background. CII may obtain information concerning, among other things, your character, general reputation, personal characteristics, mode of living, diplomas, degrees, licenses, transcripts, credit history, driving record, employment history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, and bankruptcy information.

You have the right to obtain additional disclosures concerning the nature and scope of the investigation that the Employer has requested. You also have the right to request a written summary of your rights pursuant to Section 609(c) of the Fair Credit Reporting Act. If you would like to obtain additional disclosures concerning the nature or scope of the investigation that the Employer has requested, or if you would like to obtain a written summary of your rights, please submit a written request to the Employer.

Acknowledgment

I hereby acknowledge that I have received and read this Disclosure Statement.

Sign Name

Print Name

Date

AUTHORIZATION AND RELEASE

Lower Cape Fear Hospice and LifeCareCenter ("the Employer") has informed me that the Employer may obtain a "consumer report" or "investigative consumer report" pertaining to me, in connection with the evaluation of my qualifications for employment, promotion, reassignment, or retention as an employee or contractor of the Employer's. The Employer has also informed me of the following: (1) that a "consumer report" consists of any written, oral, or other communication of information by a consumer reporting agency bearing on a person's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living; (2) that an "investigative consumer report" is a consumer report or portion thereof in which information on a person's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the person reported on, or through personal interviews with others with whom he/she is acquainted or who may have knowledge concerning such items of information; (3) that the Employer will be utilizing Corporate Investigations, Inc. ("CII"), a consumer reporting agency, to assist in conducting an investigative consumer report pertaining to me; (4) that, in conducting their investigation, the Employer and CII may contact my neighbors, friends, associates, and other people who may have knowledge of my personal, employment, or educational background; and (5) that the Employer and CII may obtain information concerning, among other things, my character, general reputation, personal characteristics, mode of living, diplomas, degrees, licenses, transcripts, credit history, driving record, employment history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, and bankruptcy information.

I hereby authorize the Employer to procure, and CII to prepare, a consumer report and/or investigative consumer report pertaining to me. I further authorize the Employer and CII to conduct an investigation into my personal, employment, and educational background for purposes of the preparation of such reports.

I further authorize the Employer and CII, in conducting their investigation, to contact my neighbors, friends, associates, and other people who may have knowledge of my personal, employment, or educational background, and for the Employer and CII to obtain information concerning, among other things, my character, general reputation, personal characteristics, mode of living, diplomas, degrees, licenses, transcripts, credit history, driving record, employment history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, and bankruptcy information. I further authorize CII to provide the Employer with the information that CII obtains pursuant to its investigation.

In authorizing this investigation, I will voluntarily provide the supplemental data requested on the attached Supplemental Data Form, to ensure that any records which are located which may refer to a person with a name that is identical or similar to mine are properly determined as referring to, or not referring to, me. I understand that I do not have to provide the supplemental data, and that if I do it will be used only in connection with this investigation.

I hereby release the Employer, CII, and any persons providing information to the Employer or CII from any and all liability that may arise in connection with the above-described background investigation.

If I am hired as an employee or retained as a contractor, this authorization will remain on file and shall serve as an ongoing authorization for the Employer to obtain consumer reports and investigative consumer reports at any time during my employment or contractual relationship with the employer.

I further agree that copies of this Authorization and Release that show my signature are as valid as the original Authorization and Release that I have signed.

Before signing this Authorization and Release, I have had the opportunity to review this document with anyone of my choosing, including an attorney.

Print Name

Social Security Number

Sign Name

Date



Please complete and submit with application.

The Spotlight is on . . . _____

(Print name)

Date of Birth: _____

Employment Date: _____

Title: _____ County (Region): _____

Hobbies: _____

Any Words of Wisdom? _____

Tell us a little bit about yourself . . . _____

Do you think you will like working for LCFH? . . . and why? _____



Lower Cape Fear Hospice & LifeCareCenter
Personnel Information for Human Resources
Completed Form must accompany Application
(Do not enter information in fields that have asterisks*)

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IDENTIFIER* _____ EXTERNAL ID* _____ CATEGORY* _____

LAST NAME _____ FIRST NAME _____ INITIAL _____ TITLE _____ * _____ ACTIVE
* _____ EXT. PER.

(The name above must be listed exactly the same as on your professional license.) (MR/MRS/MS)

PRIMARY SERVICE TYPE (position title) _____

SOCIAL SECURITY # _____ PRIMARY LANGUAGE _____

BIRTH DATE _____ OTHER LANGUAGE _____

GENDER _____ RACE _____ PLEASE CIRCLE ONE: FULL-TIME PART-TIME CASUAL INTERN

EDUCATION (List highest level, degrees, certifications, licenses, specialty, etc.)

MARITAL STATUS _____ HIRE DATE _____ TERM. DATE* _____ REASON* _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY OF RESIDENCE _____ HOME PHONE _____

OTHER PHONES (circle one) Work Pager Cell _____ EXT. _____

OTHER PHONES (circle one) Work Pager Cell _____ EXT. _____

EMERGENCY CONTACT FULL NAME _____ RELATIONSHIP _____

EMERGENCY CONTACT FULL ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE # _____

OTHER CONTACT FULL NAME _____ RELATIONSHIP _____

OTHER CONTACT FULL ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE # _____

PROFESSIONAL LICENSE #, STATE, TYPE, EXPIRATION DATE _____

DRIVER'S LICENSE #, STATE, EXPIRATION DATE _____

ASSIGNED OFFICE/REGION/DEPT./TEAM _____