

Education

Attach copy of transcripts or diploma for highest degree obtained.

	<u>Name/Location</u>	<u>Major</u>	<u>Degree Earned</u>
High School	_____	_____	_____
Technical	_____	_____	_____
Undergraduate	_____	_____	_____
Graduate	_____	_____	_____

List current licenses held:

<u>License</u>	<u>Certificate No.</u>
_____	_____
_____	_____

List any professional associations of which you are a member:

List special accomplishments, publications, awards, applicable volunteer work: (Be specific regarding volunteer experience, hours, duties, contact person)

Skills and Training

List and **attach** documentation for all current training and certifications you have completed: (Certificate is required for personnel records.)

<u>Topic</u>	<u>Date Certified</u>	<u>Instructor</u>
First Aid		
CPR		
Bloodborne Pathogens		
PIC/CPI		
Medication Administration		
Client Rights		
Behavior Management		
Other		

Do you operate any of the following equipment?

N.C. Drivers License? Yes _____ No _____ License No. _____
 Typing? Yes _____ No _____ If yes, WPM _____
 Computer/Programs? Yes _____ No _____ (please specify) _____
 Other? (please specify) _____

Character References

List name and telephone number of two business/work references who are not related to you and are not previous supervisors. If not applicable, list two school or personal references who are not related to you.

Name	Phone No.	Relationship	Years Known

Employment History

Please make sure your responses are detailed and complete. **This will enable your supervisors to better determine your pay rate, privilege and credential you appropriately. It will allow your application to be processed more quickly and smoothly.**

Employer	Telephone	Dates Employed from mm/yy to mm/yy		Summarize the type of work performed and job responsibilities. Be specific
Address				
Job Title		Hourly Rate/Salary Starting		
Immediate Supervisor and Title		\$	Per	
Circle Population: Children Adolescent Adult Geriatric Diagnosis:		Hourly Rate/Salary Final		
Circle: Full or Part-time Part-time hrs per month _____ May we contact for reference? Circle: Yes No		\$	Per	
Reason for Leaving:				

Employer	Telephone	Dates Employed from mm/yy to mm/yy		Summarize the type of work performed and job responsibilities. Be specific
Address				
Job Title		Hourly Rate/Salary Starting		
Immediate Supervisor and Title		\$	Per	
Circle Population: Children Adolescent Adult Geriatric Diagnosis:		Hourly Rate/Salary Final		
Circle: Full or Part-time Part-time hrs per month _____ May we contact for reference? Circle: Yes No		\$	Per	
Reason for Leaving:				

Employer	Telephone	Dates Employed from mm/yy to mm/yy		Summarize the type of work performed and job responsibilities. Be specific
Address				
Job Title		Hourly Rate/Salary Starting		
Immediate Supervisor and Title		\$	Per	
Circle Population: Children Adolescent Adult Geriatric Diagnosis:		Hourly Rate/Salary Final		
Circle: Full or Part-time Part-time hrs per month _____ May we contact for reference? Circle: Yes No		\$	Per	
Reason for Leaving:				

Use additional sheets or attach resume if necessary

How did you hear about Alpha Omega Health, Inc.? (Please circle one of the following choices.)			
Job Fair	ESC	Newspaper Ad	Flyer
College/University	Open House	Other: _____	
Alpha Omega Employee: Referred by: _____			

Please read and sign the following statement:

I certify that, to the best of my knowledge, the information I have provided accurately represents my background and experience. Additionally, I consent to the following authorization to release information: I hereby authorize my previous employers, personal references and other persons or institutions listed on this application for employment to provide Alpha Omega Health, Inc. any information requested relevant to my consideration for a position with the company, including criminal records and driving record checks. I understand that falsifying information may be grounds for rejection of my application or dismissal if I am employed by Alpha Omega Health, Inc. I also understand that failure to complete this application entirely may disqualify it from processing.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application in no way expresses an employment contract. All Alpha Omega Health employees are employed at will and are able to terminate employment without notice for any reason; likewise, Alpha Omega Health reserves the right to terminate employment at any time for any reason with or without notice.

Applicants Signature

Date

PLEASE RETURN THIS COMPLETED APPLICATION TO: