

FRIENDS HOMES, INC. IS AN AFFIRMATIVE ACTION EMPLOYER. No question on this application is asked for the purpose of limiting or excluding any applicant from consideration for employment because of his or her race, color, religion, sex, national origin, physical disability, mental disability, being over age 40 or his or her being a veteran of the Vietnam era.

P E R S O N A L	Name: _____		Date: _____
	Last	First	Middle
	Social Security Number: _____		
	Street Address: _____		
	City, State, Zip: _____		
	Home Phone: _____	If No Home Phone, Where Can You Be Reached: _____	
	Are You Legally Eligible for Employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Date Available for Work: _____		
Have you lived or worked outside of the state of North Carolina during the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

P O S I T I O N	Position Desired: _____	Salary Expected: _____
	List Names of Relatives Employed By Us: _____	Referred By: _____
	Have You Ever Filed For Employment With Us? _____	If Yes: Month and Year _____
	Have You Ever Been Employed By Us? _____	If Yes: Month and Year _____
	Have You Ever Been Employed By Us Under A Different Name? _____	If Yes: Name _____
	Are You Available to Work(Check): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Overtime	
	Shift (Check): <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	

Have You Been Convicted of a Felony Within The Past 10 Years?	Yes	No
Have You Been Convicted of a Misdemeanor Resulting In Imprisonment?	Yes	No
If yes, List Conviction and Dates: (Conviction Will Not Necessarily Exclude An Applicant From Consideration For Employment. Type Of Conviction and Date Will be Considered.)		

E D U C A T I O N	SCHOOL	NAME & ADDRESS	DEGREE OR DIPLOMA	DID YOU GRADUATE?	MAJOR SUBJECT
	HIGH SCHOOL				
	TECHNICAL SCHOOL				
	CNA TRAINING				
	COLLEGE				
	OTHER				

R E F E R E N C E S	Not Relative or Former Employers		
	Name	Address	Telephone
	_____	_____	_____
	_____	_____	_____

**AUTHORITY FOR RELEASE OF INFORMATION
State Access Only
Name Check Access**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with FRIENDS HOMES INC pursuant to HEALTH CARE PROVIDER - STATE ONLY - NCGS 114-19-3.

(type or print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a HARD COPY of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's/Volunteer's Signature

Date

This form must be maintained on file with the above named agency for one year. UPON COMPLETION OF THIS FORM, MAIL A PHOTOCOPY TO THE ADDRESS INDICATED BELOW:

State Bureau of Investigation
Criminal Information and Identification Section
Attn: Applicant Unit
Post Office Box 29500
Raleigh, North Carolina 27626-0500

ORI # HCPNH0304 - FRIENDS HOMES INC

HCPNH0304

