



PENNYBYRN at MARYFIELD

Application for Employment

INSTRUCTIONS:

Please fully complete this application. Make sure to sign all three required areas: the bottom of page 3, top of page 4 under applicant release for reference, and on page 5 under authorization for drug testing. Incomplete applications will remove the applicant from consideration for employment.

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PENNYBYRN at MARYFIELD *Application for Employment*

PERSONAL DATA:

DATE: _____

Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Social Security # _____ Phone # (_____) _____

Email Address: _____

Have you lived in North Carolina for five years or more? Yes No Are you 18 or older? Yes

EMPLOYMENT DESIRED:

Please list areas/positions of interest:

Please check: Full Time Part Time Shift Desired: _____

Date available to begin work: _____ How did you learn of this position? _____

Names of relatives or friends employed by Maryfield: _____

Have you ever worked for us before? Yes No

If yes, in what department? _____ When? _____

EDUCATION:

	SCHOOL NAME	LOCATION	YEARS COMPLETED	DEGREE
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____

List any additional skills/training/experience: _____

List any course of study you are currently pursuing: _____

PROFESSIONAL QUALIFICATIONS:

Please check the qualification that applies to you, and fill in information below:

CERTIFIED NURSING ASSISTANT LICENSED PRACTICAL NURSE REGISTERED NURSE OTHER

Year Graduated _____ Certificate# _____

Renewal # _____ Expiration Date _____

If CNA, please list Registry Listing # _____

MILITARY EXPERIENCE:

Have you ever served in the Armed Forces of the United States? Yes No

If so, nature of work performed: _____ Dates served: _____

CHARACTER REFERENCES:

Name _____ How does this person know you? _____

Address: STREET CITY STATE ZIP CODE Phone # (_____) _____

Name _____ How does this person know you? _____

Address: STREET CITY STATE ZIP CODE Phone # (_____) _____



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WORK HISTORY:

(Please list present or last employer first)

Please check here if you DO NOT wish your present employer to be contacted at this time.

▶ Employer: _____ Name of Supervisor: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Social Security # _____ Phone # (_____) _____
 Position: _____ Date Started: _____ Date Left: _____
 Salary: _____ Presently still employed here? Yes No
 Description of job responsibilities _____

 Reason for leaving (if applicable) _____

▶ Employer: _____ Name of Supervisor: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Social Security # _____ Phone # (_____) _____
 Position: _____ Date Started: _____ Date Left: _____
 Salary: _____ Presently still employed here? Yes No
 Description of job responsibilities _____

 Reason for leaving _____

▶ Employer: _____ Name of Supervisor: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Social Security # _____ Phone # (_____) _____
 Position: _____ Date Started: _____ Date Left: _____
 Salary: _____ Presently still employed here? Yes No
 Description of job responsibilities _____

 Reason for leaving _____

GENERAL:

Have you ever been convicted of a felony violation? Yes No If Yes, explain _____

GENERAL:

The statements made in this application are, to the best of my knowledge, true and complete. I understand Maryfield, Inc. will verify the above information and any omission or misrepresentation is grounds for termination of my employment. Also, I understand, if employed, my work will be subject to a ninety (90) day introductory period. Therefore, if it is determined I have not adapted to the assigned work, my employment may be terminated at any time. In addition, I understand that employment with Pennybyrn at Maryfield is contingent upon successful outcome of pre-employment drug testing and a criminal record check.

▶ Signature of applicant: _____

Thank you for your interest in Pennybyrn at Maryfield.



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APPLICANT'S RELEASE:

DATE: _____

I authorize my previous employer or character reference to supply the information requested on this form.

X _____
Applicant's Signature

Phone Reference

Fax Reference

Mail Reference

Name of Company/Reference: _____

We are considering: _____ Social Security #: _____

for a position as _____

*Dear Reference... Please complete the information below as it applies.
In addition, please be assured that your responses will be handled in a confidential manner.*

*Sincerely,
Human Resources*

EMPLOYMENT REFERENCE:

1. Is applicant still in your employment? Yes No
2. Applicant employed from _____ until _____
3. Position held while in your employment: _____
4. Reason for separating employment: _____
5. Is applicant eligible for rehire? Yes No If no, why not? _____

EMPLOYMENT APPRAISAL:

	EXCELLENT	GOOD	FAIR	POOR
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend the applicant for employment? Yes No

Comments: _____

SIGNATURE/TITLE

DATE

EMPLOYMENT APPRAISAL:

1. How do know applicant? _____
2. How long have you known applicant? _____
3. Qualities and traits of applicant _____



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APPLICANT DRUG AND ALCOHOL TESTING CONSENT AGREEMENT

As a prerequisite to employment, I hereby agree to allow Pennybyrn at Maryfield to collect urine samples from me to determine the presence of drugs or alcohol in my body. Further, I give my consent to the release of my test results to authorized Pennybyrn at Maryfield management for appropriate review.

I understand that the results of the drug/alcohol testing of my urine, if positive, will remove me from consideration for employment. I also understand that if I refuse consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by Pennybyrn at Maryfield, I must abide by the terms of Pennybyrn at Maryfield Drug and Alcohol Policy and may be required to submit testing for the presence of drugs or alcohol for reasons stated in Pennybyrn at Maryfield's policy. I understand that submission to such testing is a condition of employment with Pennybyrn at Maryfield and disciplinary action, up to and including discharge, may result from violation of Pennybyrn at Maryfield's Drug and Alcohol Policy.

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I hereby CONSENT TO the administration of the drug and alcohol test and to the terms and conditions of the Consent Agreement.

APPLICANT'S SIGNATURE _____

DATE _____

SOCIAL SECURITY NUMBER _____

WITNESS SIGNATURE _____

DATE _____

I hereby REFUSE the drug and alcohol detection urine test.

APPLICANT'S SIGNATURE _____

DATE _____

SOCIAL SECURITY NUMBER _____

WITNESS SIGNATURE _____

DATE _____