

# TLC AT HOME

(An Equal Opportunity Employer)

## APPLICATION FOR EMPLOYMENT

Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Social Security No. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Are you 18 years or older?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Position Applied For \_\_\_\_\_ Salary Expected \_\_\_\_\_ Date Available To Work \_\_\_\_\_

Have you applied to this company before? \_\_\_ Yes \_\_\_ No

How did you hear about us? \_\_\_ Newspaper \_\_\_ Friend/Relative

\_\_\_ TLC At Home Employee (Name) \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

Have you been a resident of North Carolina for the past five (5) years? \_\_\_ Yes \_\_\_ No

(National criminal history checks are required on all persons hired in home care agencies who have not been a continuous resident of North Carolina for at least 5 years. This law imposes a Class A1 misdemeanor criminal penalty for any applicant who willfully provides false information on an employment application that is the basis for criminal history record check.)

Have you ever been convicted of any crime other than a minor traffic violation? \_\_\_ Yes \_\_\_ No

This includes felonies or misdemeanors. (An example of a common misdemeanor is Worthless Check).

If yes, please explain nature of the offense, date and place. \_\_\_\_\_

Schedules you can work:

<input type="checkbox"/>	Full Time	<input type="checkbox"/>	1st Shift
<input type="checkbox"/>	Part Time	<input type="checkbox"/>	2nd Shift
<input type="checkbox"/>	Week-Ends	<input type="checkbox"/>	3rd Shift

## EDUCATION

	Name & Address of School	Dates Attended	Level Completed	Diploma/Degree
High School				
College				
Other				

# WORK EXPERIENCE

(Start with present or last job.)			
<b>Employer</b>	<b>Dates Employed</b>		<b>Describe Work Performed</b>
<b>Address</b>	From	To	
<b>Telephone</b>			
<b>Job Title</b>	<b>Rate of Pay</b>		
<b>Supervisor</b>			
<b>Reason For Leaving</b>			

<b>Employer</b>	<b>Dates Employed</b>		<b>Describe Work Performed</b>
<b>Address</b>	From	To	
<b>Telephone</b>			
<b>Job Title</b>	<b>Rate of Pay</b>		
<b>Supervisor</b>			
<b>Reason For Leaving</b>			

<b>Employer</b>	<b>Dates Employed</b>		<b>Describe Work Performed</b>
<b>Address</b>	From	To	
<b>Telephone</b>			
<b>Job Title</b>	<b>Rate of Pay</b>		
<b>Supervisor</b>			
<b>Reason For Leaving</b>			

## PERSONAL/PROFESSIONAL REFERENCES

Do not include family members

Name	Phone No.	How Known

**In case of emergency notify:**

<b>Name</b>	<b>Address</b>
<b>Telephone #</b>	<b>Relationship</b>

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY AND SIGN BELOW.  
AN UNSIGNED APPLICATION CANNOT BE PROCESSED.**

I declare the foregoing information to be a truthful and complete statement of the facts, with the understanding that it will be investigated and, if found false, will constitute sufficient grounds for termination of my employment, if hired. I authorize the procurement of all available information from references, former employers, or other sources and I will release such sources from any liability whatsoever for providing such information.

I understand that, just as I have, if hired, the right to terminate my employment at any time, with or without cause and with or without notice, the company may terminate my employment at any time, with or without cause or notice. I understand that no manager or representative of the company other than its Administrator, has any authority to enter in any agreement of employment for any specified period of time or make any agreement contrary to the foregoing either now, in the past or in the future. I further understand that such an agreement must be in writing and signed by the Administrator for it to be binding on either the company or myself. I further understand that this statement supercedes any prior oral or written understanding and bars any future oral understanding to the contrary.

I understand that this application will be retained for active consideration no longer than sixty (60) days from the date it is submitted, but that I may reapply after the sixty (60) day period for further consideration.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations set forth by the employer.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Do Not Write Below This Line**

**Verification of References**

Employer	Employer
Dates Employed	Dates Employed
Attendance	Attendance
Attitude	Attitude
Work Quality	Work Quality
Eligible for Rehire?	Eligible for Rehire?
Date Verified	Date Verified
Verified By	Verified By

Employer	Employer
Dates Employed	Dates Employed
Attendance	Attendance
Attitude	Attitude
Work Quality	Work Quality
Eligible for Rehire?	Eligible for Rehire?
Date Verified	Date Verified
Verified By	Verified By