

APPLICATION FOR EMPLOYMENT

CORNELIA NIXON DAVIS, INC.

DBA

Davis Health Care Center
1011 Porters Neck Road, Wilmington, NC 28411
(910) 686-7195 FAX: (910)-686-7592

and Champions Assisted Living
1007 Porters Neck Road, Wilmington, NC 28411
(910) 686-6462 Fax: (910) 686-8320

Davis Health Care Center (DHC) and Champions Assisted Living (CAL) are equal opportunity employers. As such, we provide employment opportunities without regard to race, color, religion, national origin, gender, age, disability, veteran status, military service or other characteristics protected by law. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **This Company intends to check and hold you responsible for the accuracy of the statements you make on this application. This application will receive consideration for thirty (30) days.** If you have not heard from the Company within thirty days and wish to receive further consideration for employment, it will be necessary to complete another application form.

Date: _____ Location Applied For: _____ Position Applied For: _____
DHC or CAL

Salary Desired: _____ Date available: _____

Position desired (check all that apply): F/T P/T PRN TEMP
Shift availability (check all that apply): DAYS EVENINGS NIGHTS 12 HOUR DAY 12 HOUR NIGHT

Please list any shifts or days you cannot work: _____

PERSONAL DATA

Name _____
Last First Middle Social Security Number
Address _____
Street Apartment Number
City State Zip Code
Telephone (____) (____) _____
Home Work/Other

If hired, can you provide proof that you are at least 18 years of age or, if under; do you have a permit to work?

Yes No If no, please explain: _____

If hired, can you provide proof that you are eligible to work in the United States? Yes No

If no, please explain: _____

(DHC/CAL complies with the Immigration Reform and Control Act of 1986. If you are unsure of what documents are permitted to prove eligibility, we will be happy to explain the legal requirements.)

Have you ever applied at either location before? Yes No If yes, when: _____

Have you been employed at either location before? Yes No If yes, when: _____

EMPLOYMENT HISTORY

Please print – List most recent employer first, include all full and part-time jobs, summer or volunteer work. All periods of unemployment must be identified as “Unemployed” and dates of unemployment identified. Do not leave any time gaps. Please complete even if resume is attached.

Last or present employer : _____ Employment Date: From: _____ To: _____
Address: _____ Salary: From: _____ To: _____
City/State/Zip Code: _____ Job Title: _____
Summary of work duties: _____ Supervisor's Name & Title: _____
_____ May we contact: Yes If yes, phone #: _____
_____ No If no, why? _____
Reason for leaving: _____

Previous employer : _____ Employment Date: From: _____ To: _____
Address: _____ Salary: From: _____ To: _____
City/State/Zip Code: _____ Job Title: _____
Summary of work duties: _____ Supervisor's Name & Title: _____
_____ May we contact: Yes If yes, phone #: _____
_____ No If no, why? _____
Reason for leaving: _____

Previous employer : _____ Employment Date: From: _____ To: _____
Address: _____ Salary: From: _____ To: _____
City/State/Zip Code: _____ Job Title: _____
Summary of work duties: _____ Supervisor's Name & Title: _____
_____ May we contact: Yes If yes, phone #: _____
_____ No If no, why? _____
Reason for leaving: _____

Previous employer : _____ Employment Date: From: _____ To: _____
Address: _____ Salary: From: _____ To: _____
City/State/Zip Code: _____ Job Title: _____
Summary of work duties: _____ Supervisor's Name & Title: _____
_____ May we contact: Yes If yes, phone #: _____
_____ No If no, why? _____
Reason for leaving: _____

EDUCATION AND TRAINING

Name and Location	Years Completed	Did You Graduate?	Degree/Major
High School _____	9, 10, 11, 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College _____	Fr So Jr Sr	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trade School _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Graduate School _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

PROFESSIONAL CERTIFICATIONS

List all professional licenses, certifications etc. that may be related to the position you are applying for and list dates issued and name of the organization granting the license, certification etc.

REFERENCES

(List three references. Do not list relatives, domestic partners, or former employees.)

Name	Telephone	Years Known
_____	()	
_____	()	
_____	()	

RELATIVES IN OUR EMPLOYMENT

Are you related (by blood, marriage, or law) to anyone who works for the company? Yes No If so list below

Name	Relationship	Location/Department
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION

Have you ever been disciplined or discharged for:

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Absenteeism | <input type="checkbox"/> Yes <input type="checkbox"/> No Theft or unauthorized removal of company property |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Tardiness | <input type="checkbox"/> Yes <input type="checkbox"/> No Violating organization safety rules |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Insubordination | <input type="checkbox"/> Yes <input type="checkbox"/> No Violating organization alcohol or drug possession policies. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Fighting or assault | |

If the answer to any of these questions is "YES", please explain. _____

CRIMINAL HISTORY

It is the policy of DHC/CAL to provide a safe working and living environment for our staff and residents. Pursuant to North Carolina General Statute 114-19.3, 131E-255 we are required to complete a State Bureau of Investigation check on every new employee.

SPECIAL SKILLS

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate.

I certify that the information provided on this application form, along with all other information I have provided to the Davis Health Care Center (DHC) and Champions Assisted Living (CAL) is accurate and complete. I understand that any falsification, misrepresentations or omissions of this information will be cause for not hiring me or for terminating my employment, once hired in accordance with DHC/CAL policy.

I understand that the company will undertake, and I authorize the company to undertake, any investigation it deems necessary in considering me for employment or, if hired, my continued employment. I expressly authorize any present or former employer; school, college, or university; utility company; credit or finance bureau; personal reference; chief law enforcement officer; any member of any local, state, or federal law enforcement agency; or any other person to give the company any information (written or oral) or records concerning me or my qualifications, employment (including but not limited to the reasons for my termination), credit, reputation, mode of living, education, or criminal record. I unconditionally release the company and its representatives and agents and all persons from whom they request information from any and all liability relating to such request for information or any information provided.

I understand that this application will be active only for the specific position identified above and only during the period the company is seeking to fill the current openings(s), and that any job offer, or if hired, my continued employment, may be conditioned upon a medical examination and/or alcohol or drug testing.

I understand that, if hired, my employment will be strictly at-will. That means that my employment is for an indefinite period and that the DHC/CAL or I may terminate the employment at any time, for any or no reason, with or without notice or intermediate steps with the exception of an express written employment contract signed by the Administrator. I further understand that no verbal statements or statements in any DHC/CAL policy or procedure manual, employee handbook, or other document shall be construed to have altered the at-will nature of my employment. No DHC/CAL manager or representative shall be authorized to make any representations to the contrary.

BEFORE SIGNING PLEASE ENSURE THAT ALL SECTIONS ARE COMPLETE.

Print Applicant's Name Here

Applicant's Signature

Date