

Ashe Services for Aging, Inc.

180 CHATTYROB LANE, WEST JEFFERSON, NC 28694

APPLICATION FOR EMPLOYMENT

(application must be complete to be considered for employment-please make sure to complete every question)

LOCATION APPLYING FOR : ASHE SERVICES FOR AGING _____ ASHE ASSISTED LIVING _____

POSITION(S) APPLIED FOR: _____

DATE OF APPLICATION: _____

NAME: _____
(last) (first) (middle)

CURRENT ADDRESS:

Mailing Address: _____

Street Address: _____

City/State: _____

Telephone Number _____ Social Security # _____

EMERGENCY CONTACT: _____

Name

Phone #

Best time to contact you at home is: _____ a.m. _____ p.m.

Have you ever been employed with us before? _____yes _____no

Do any of your friends or relatives work here? _____yes _____no

If yes, state name and relationship _____

Have you lived in any other state within the last 5 years? (circle one) YES NO

If yes, please list address: _____

AVAILABILITY

(Check all the kinds of work you will accept)

Regular hours (any hours between 8 am and 5 pm Monday - Friday)

Special hours (hours between 5 pm and 8 am specify preference)

Weekends or holidays.

ABILITY TO DRIVE

(Please mark all that apply).

Have a current drivers license

Drivers license number

Have an automobile available for work

EDUCATION: please circle highest grade completed

Grades: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4

SPECIAL TRAINING: please list any special training, certificates, or degrees

WORK EXPERIENCE (Paid Employment)

1. **Current or most recent employer** _____

Address _____ Phone _____

Job (s) held _____

Hire date: _____ Last day worked: _____

Reason for leaving _____

Starting pay: _____ Ending pay: _____

Name of supervisor _____

Briefly explain your duties: _____

2. Employer _____
Address _____ Phone _____
Job (s) held _____
Hire date: _____ Last day worked: _____
Reason for leaving _____
Starting pay: _____ Ending pay: _____
Name of supervisor _____
Briefly explain your duties: _____

3. Employer _____
Address _____ Phone _____
Job (s) held _____
Hire date: _____ Last day worked: _____
Reason for leaving _____
Starting pay: _____ Ending pay: _____
Name of supervisor _____
Briefly explain your duties: _____

OTHER RELATED EXPERIENCE (Please describe).

PERSONAL/PROFESSIONAL REFERENCES (who are not relatives)

1. Name _____
Address _____
Phone _____
Relationship _____

2. Name _____
Address _____
Phone _____
Relationship _____

3. Name _____
Address _____
Phone _____
Relationship _____

Does Ashe Services for Aging have your permission to check each reference that you have listed? _____.

May we contact your current employer? _____yes _____no

Date available for work _____

COURT CONVICTIONS:

Have you ever been convicted of an offense(s) other than a minor traffic violation? If so, please list.

HEALTH: (optional)

Do you have any physical or mental condition(s) that could affect your job performance? _____ If so, please describe:

*****PLEASE MAKE SURE TO READ AND UNDERSTAND THE SECTION BELOW BEFORE SIGNING THIS APPLICATION.*****

1. **ASA adheres to the policy of Employment at Will, which enables the Agency or the employee to terminate the employment relationship at any time – with or without cause.**
2. **Ashe Services for Aging is an equal opportunity employer and provider.**
3. **All employment will be determined pending completion of drug screening and background check. If the attached releases are not completed, the application will not be considered.**
4. **All statements made on this application are true, complete and are correct to the best of my knowledge. I understand that false information may be grounds for rejection of my application and/or dismissal if I am employed.**

Signature of Applicant

Date

(Application will remain on file for up to one (1) year (unless applicant is hired) and will then automatically be destroyed unless applicant requests that it be kept in the current file.)

(For Office Use Only)
REFERENCES

DATE _____

1. NAME _____

COMMENTS/ELIGIBILITY FOR REHIRE _____

2. NAME _____

COMMENTS/ELIGIBILITY FOR REHIRE _____

RELEASE AUTHORIZATION FORM

Ashe Services for Aging, Inc. Lisa Lambert

P: 336.246.2461 F: 336.246.5724

Return Reports: EMAIL – lisalambert@asheaging.org

To the extent permitted by applicable state law, I hereby consent to this investigation and authorize **Ashe Services for Aging, Inc.** (referenced as "company" throughout this document) to procure consumer reports, criminal background checks, investigative consumer reports (as defined by law), on my background from a consumer reporting agency (CRA) or from an investigative consumer reporting agency (ICRA), as described in the Background Check Disclosures, the State Disclosures, and the California State Law Disclosures (all of which I have received from the company). I have reviewed and understand the information, statements, and notices in all the disclosures provided to me as mentioned above by the company, as well as this Release Authorization Form. My authorization remains valid throughout my employment with the company, such that, to the extent permitted by applicable law, I agree company can procure additional consumer reports, criminal background checks, and/or investigative consumer reports (as defined by federal law) during my employment without providing additional disclosures or obtained additional authorizations. Except as otherwise prohibited by state law, I consent to and authorize the company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons. Information is not limited and may include drug test results and personal verification history. Furthermore, I release any and all employers, bureaus, agencies, individuals, data organizations, or companies, including Before You Hire, Inc. from all liabilities of damages that might occur from information obtained. I understand that the information regarding sex, race, and date of birth are for the sole purpose of gathering the information accurately and will not be used to discriminate against me in violation of any law. A facsimile (FAX) or photocopy of this release form shall be as valid as the original.

Applicant/Employee Personal Information (Indicate States Needed)

Name (First) _____ (Middle) _____ (Last) _____

List any other name used in the last 7 years (Maiden name) _____

Address: _____ City _____ State _____ Zip _____

County _____ Driver's License # _____ State _____

Gender: Male Female Race: _____ Phone (_____) _____ - _____

Social Security Number _____ Date of Birth _____
Month / Day / Year

List other cities or towns that you have lived in the last 7 years:

Dates _____ / _____ to _____ / _____

City _____ County _____ State _____ Zip _____

Dates _____ / _____ to _____ / _____

City _____ County _____ State _____ Zip _____

Applicant/Employee Signature _____ **Date** _____

****OFFICE USE ONLY** Please Indicate Services Needed – If not marked, reports will NOT be processed!**

<input checked="" type="checkbox"/>	Statewide Criminal Report (Indicate States Needed) >> NC
<input type="checkbox"/>	Motor Vehicle Report
<input type="checkbox"/>	National Sex Offender Report
<input type="checkbox"/>	SS#/Address Verification Report
<input type="checkbox"/>	Nationwide Sweep Background Report
<input type="checkbox"/>	Education Verification (Information Required > Institution Name/State, Name at Graduation, & Year of Graduation)
<input type="checkbox"/>	Employment Verification (Application/Resume Required)
<input checked="" type="checkbox"/>	NON DOT Drug Test >or< DOT Drug Test
<input type="checkbox"/>	Reason for test: <u>Pre-empl.</u>
<input type="checkbox"/>	Other Services/Special Notes:

BEFORE YOU HIRE, INC.

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