



Employment Application

Position applying for: _____	Work Status (full-time, part-time, PRN). _____
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General Information

Name (Last, First, Middle Initial)		Social Security No.	Date of Birth
Mailing Address		City	State
Home Phone No.		Cell/Other Phone No.	Email Address
Zip Code			

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

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
 If yes, please explain: _____
 (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)

How did you learn about this opening? _____

Do you have any health conditions or physical limitations that would prevent you from performing physical interventions or any other tasks the position may require? Yes No
 If yes, please explain: _____

Do you have a NC Drivers License? Yes No License No. _____

Have you been a resident of NC for 5 years or more? Yes No

Education and/or Training

Did you graduate from high school or receive a GED Certificate? Yes No

SCHOOL NAME AND LOCATION <small>(college, business, nursing, vocational, or other)</small>	Field		Did you graduate?	Diploma or degree earned
	Major	Minor		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education/training/skills:

Computer skills (hardware & software):

Current professional license/certificate/registration:

Related volunteer experience:

Character References:

List name, telephone number, relationship, and years known of one personal and two business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Employment History:

- Start with your current or last job - include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- **ATTACH EXTRA SHEETS** using the same format if you have additional employment history.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Employer		Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary	Reason for Leaving		
Employer		Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary	Reason for Leaving		
Employer		Telephone No.	Supervisor's Name
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Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary	Reason for Leaving		
Employer		Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary	Reason for Leaving		

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, including national/state criminal background checks, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.

Applicant's Signature

Date

Equal Opportunity Employer

The Sunpath LLC does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.

NEW EMPLOYEE INFORMATION

Please bring the following documents to the Sunpath LLC Administrative Office, as they are required to confirm/continue your employment. Thank you.

- _____ HS Diploma/College Degree
- _____ Copy of Social Security Card
- _____ Copy of Driver's License
- _____ Proof of Auto Liability Insurance
- _____ Drug Screening (Pink Copy)
- _____ Copy of Licensure (if applicable)

TRAINING CERTIFICATIONS

(Bring copies of the below items you have already completed
Otherwise, they will need to be completed)

- _____ Client Rights/Confidentiality (yearly)
- _____ HIPAA
- _____ First Aid (3 years)
- _____ Medication Administration (yearly)
- _____ CPR (yearly)
- _____ NCI (yearly)
- _____ Blood-borne Pathogens (yearly)
- _____ Current Medical Exam (yearly)
- _____ Current TB Test (yearly)
- _____ Service Specific Training (i.e. 20hr CS training)