



HEALTH CARE CENTER, INC.

Where the Greatest Treasures are People

380 Brevard Road, Asheville, NC 28806
Tel: (828) 253-4437
Fax: (828) 255-8635
www.astonparkhcc.org

Employment Application
Please print and completely answer all questions.

Aston Park fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law.

Position Applied For: _____ Shift: _____ Date: ____/____/____

Last Name First Middle Social Security Number

Street Address City / State Zip Code

(____)____ - _____ (____)____ - _____ \$ _____
Telephone Number Other Phone Salary Expectations

Are you at least 18 years old? ___Yes ___No If not, state your age for child labor law purposes only: _____

Are there any days, shifts or hours you will not work? ___Yes ___No If yes, please explain: _____

Will you work overtime, if required? ___Yes ___No When will you be able to start work? _____

Have you taken any illegal drugs in the last 30 days? ___Yes ___No

How did you learn of our Company? _____

If referral, who referred you: _____

Have you ever applied to work here before? ___Yes ___No If yes, provide date: _____

How long have you lived in the state of North Carolina? _____

Are you legally authorized to work in the United States? ___Yes ___No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? ___Yes ___No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that an INS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization for work. This federal requirement must be satisfied as a condition of employment.

Have you been convicted of a felony within the last seven years? ___Yes ___No If yes, provide dates and explanation: _____

Have you been convicted of a Misdemeanor (non-related to traffic violations) within the last seven years? ___Yes ___No

If yes, provide dates and explanation: _____

Have you been convicted within the last seven years of misappropriation of funds, embezzlement or other dishonest conduct, an offense involving the use of a weapon, physical assault or other violent crime? Have you been convicted of a felony within the last seven years? ___Yes ___No If yes, provide explanation in additional comments section.

Have you ever been a defendant in a civil action for an intentional tort (intentional commission of a wrongful act)? Have you been convicted of a felony within the last seven years? ___Yes ___No If yes, provide nature of the intentional tort and disposition of the action in the Additional Comments section.

Note: Answering "yes" to the previous questions does not automatically exclude you from further consideration for the position.

Answer the following questions if driving is a requirement of the job for which you are applying:

Do you have a valid drivers license? ___Yes ___No State: _____ License No.: _____

Have you had any tickets? ___Yes ___No If yes, please explain: _____

Has your license ever been suspended or revoked? ___Yes ___No If yes, please explain: _____

Do you have any DUI or DWI convictions? ___Yes ___No If yes, please provides dates and explanation: _____

Additional Comments: _____

Education

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

	Name, City & State of Educational Institution	Graduated? Yes / No	If no Degree, Credits earned	Type of Degree Received or Expected	Major	Minor	Grade / GPA
High School							
College / University							
Technical / GED / Other							
License, Certifications / Other							

Employment History

Please complete for all full-time or part-time employment beginning with most recent employer

Company Name Telephone # (____) _____ - _____

Street Address City / State Zip Code Employment Dates ____/____/____ To ____/____/____

Supervisor Name May We Contact? Yes ___ No ___ \$ _____
Ending Rate of Pay

Job Title / Duties

Reason for Leaving

Company Name Telephone # (____) _____ - _____

Street Address City / State Zip Code Employment Dates ____/____/____ To ____/____/____

Supervisor Name May We Contact? Yes ___ No ___ \$ _____
Ending Rate of Pay

Job Title / Duties

Reason for Leaving

Company Name Telephone # (____) _____ - _____

Street Address City / State Zip Code Employment Dates ____/____/____ To ____/____/____

Supervisor Name May We Contact? Yes ___ No ___ \$ _____
Ending Rate of Pay

Job Title / Duties

Reason for Leaving

Company Name Telephone # (____) _____ - _____

Street Address City / State Zip Code Employment Dates ____/____/____ To ____/____/____

Supervisor Name May We Contact? Yes ___ No ___ \$ _____
Ending Rate of Pay

Job Title / Duties

Please explain any gaps in your employment history: _____

Have you ever been discharged or forced to resign? Yes ___ No ___ If yes, please explain: _____

Did you receive any discipline in the last 12 months of active employment? Yes ___ No ___ If yes, please explain: _____

Were you given a performance evaluation within the last 12 months of active employment? Yes ___ No ___ If yes, what was the range of scores used and what was your score? _____

Have you signed any non-compete or non-solicit agreement with any other employer that might restrict you from working for this company? Yes ___ No ___ If yes, please explain: _____

(You may be required to furnish a copy of the agreement)

Have you ever been excluded from participation in any state or federal program? Yes ___ No ___

Military

Complete only if you served in the military

Branch of Service: _____ Number of Years / Months of Service: _____

Rank at Discharge: _____ Date of Discharge: _____ Reason for leaving: _____

Describe any Military skills, training or experience you believe are relevant to the job applied for: _____

Applicant's Acknowledgement

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time with prior notice.

I understand that, if employed, my employment is not for a specific term and may be terminated by me or my Employer(s) with or without notice or cause at any time. I further understand that no oral promise, Employer(s) policy, custom, business practice or other procedure (including the Personnel Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the Employer(s).

I understand that applicants for certain positions may be required to qualify for employment bases on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from the Company at the conclusion of this 30 day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

Signature: _____

Date: ___/___/___

Aston Park Health Care Center

*380 Brevard Road
Asheville, NC 28806*

To All Applicants for Employment:

By State Law which took effect January 1, 2001, all applicants for employment in nursing facilities are required to submit to an SBI (State Bureau of Investigation) Criminal Background Check (CBC). We will submit a "Name Check" to the SBI based on the information you supply. If any felony convictions appear on your record, you may be required to submit to fingerprint verification through the SBI. If you have not been a resident of North Carolina for at least 5 years, you will be required to submit to fingerprint verification through the SBI. Please note that the SBI normally takes up to three weeks to return a CBC based on a "Name Search" and up to 10 weeks to return a CBC based on fingerprints.

Senate Bill 1192

"Any applicant for employment who willfully furnishes, supplies or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 Misdemeanor [NCGS 131E-265(e)]"

The results of the SBI Criminal Background Check are considered CONFIDENTIAL by State Law. We may not release the results of the CBC to anyone, including the applicant. Should you wish to investigate your record we will give you a contact with Local County Government. You may contact this official to review your record.

We are offering you employment contingent upon the SBI Criminal Background Check results. By signing below, you acknowledge that your employment is conditional based upon the CBC results and you acknowledge that Aston Park Health Care Center, based on State Law, retains the right to terminate your employment should your CBC return with unacceptable results. Further, we cannot offer employment if you do not agree to complete the required SBI forms.

Applicant Signature

Date

Witness

AUTHORITY FOR RELEASE OF INFORMATION

State and Federal Record Check

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the Federal Bureau of Investigation's files for a national criminal history record check in connection with my application for employment, my employment or volunteer services

with ASTON PARK HEALTH CARE CENTER, INC.

pursuant to N.C.G.S. 114-19.3, 131D-40 or 131E-265. Federal access is also allowed under PUBLIC LAW 105-277 for Nursing facilities and Home Health care agencies to employees who provide direct patient care only.

(Print or Type)

Last Name First Middle Maiden

Social Security Number Date of Birth Sex Race

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named Health Care Provider, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the Health Care Provider cannot provide a hard copy of the results of this criminal history record check to me.

Applicant's/Employee's/Volunteer's Signature

Date

This request form must be accompanied with a transmittal letter from the Authorized Official or individual requesting Criminal History Record Information. This request must be mailed to:

State Bureau of Investigation
Identification Section
Post Office Box 29500
Raleigh, North Carolina 27626-0500

ORI # HCPNH0283 - ASTON PARK HEALTH CARE CENTER

01-132-05
Health Care Providers
January 9, 2001

SBI FINGERPRINT CARD CHECK - _____ \$24.00
FBI FINGERPRINT CARD CHECK - _____ \$38.00

DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon request, to a complete an accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

AUTHORIZATION TO RELEASE INFORMATION

(Last Name) (First Name) (Middle)

(Current Address) (Dates Lived There)

Addresses for the Past Seven Years: (include street, city, state and zip code)

Dates of Residence:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____/_____/_____
(Date of Birth) (Social Security Number) (Drivers License #) (State Issued)

Other Names Used (including maiden name) (Years used)

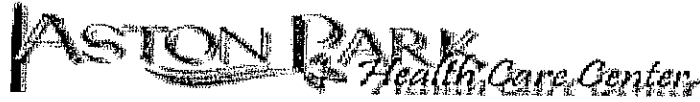
I do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of *IntelliCorp Records, Inc.* to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on the Authorization will be used exclusively by *IntelliCorp Records, Inc.* for identification purpose and for the release of information which will be considered in determining any suitability for supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any part or agency contacted by *IntelliCorp Records, Inc.* to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I hereby do _____ do not _____ authorize you to contact my current employer for Employment and Reference Verifications.
(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/References Section of your application.)

I have the right to make a request to IntelliCorp Records, Inc. upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which *IntelliCorp Records, Inc.* has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

(Signature) (Printed Name) _____ /_____/_____
(Date)



APPLICANT DISCLOSURE AND CONSENT FOR BACKGROUND INVESTIGATION

As part of the process of determining your eligibility for employment, and, in the event you are hired, your continued employment with the Aston Park Health Care Center (hereafter "APHCC"), APHCC may conduct an investigation of your background by obtaining a Consumer Report, i.e. a Background Check, relating to you from a Consumer Reporting Agency of its choice. No Consumer Report will be used in violation of any Federal or State Equal Employment Opportunity law or Regulation. If APHCC intends to take any adverse action based in whole or in part on information contained in your background report, you will be provided with a copy of your report and a description of your rights under the Fair Credit Reporting Act as well as contact information for the company who provided your report.

I hereby authorize APHCC to make an independent investigation of my background by obtaining a Consumer Report, i.e. Background Check, relating to me from a Consumer Reporting Agency of APHCC's choice. I understand that this report may include a criminal record check, validation of previous names and addresses, verification of education, driving record, interviews with personal references provided by me, verification of previous employment, and, if authorized by me, verification of current employment. A credit report is NOT authorized by this consent form.

I understand and agree that the information contained in my background report will be used solely to determine my eligibility for employment; and if I am hired, my eligibility for continued employment; and that action may be taken by APHCC based on this information. To assist APHCC in obtaining my background report, the following information is provided:

Full Name (Printed) _____

Date of Birth _____ SSN _____ Driver's License # _____ State _____

Day Time Phone # _____ Cell Phone # _____

Please list all previous names up to and including your present name for the last 10 years, and the date that you began using each name (Include maiden name, previous married names, aliases, etc.)

Table with 2 columns: Name, Year First Used. Includes multiple blank rows for data entry.

Please list current address and all previous addresses for the past 10 years, and dates (year) at each address. (PO Boxes are NOT acceptable)

Table with 2 columns: Address (Street, City, State), Year: From - To. Includes multiple blank rows for data entry.

Applicant Signature _____ Date _____