

Shipman Family Home Care, Inc.

1614 East Market Street

Greensboro, NC 27401

Tel: (336) 272-7545 Fax: (336) 272-0612

"SPECIALIZING IN ONE-ON-ONE PERSONAL CARE"

Employment Application (Please Print):

Name: _____ Date: _____

Position Applied For: _____

Address: _____

Home Phone: _____ Cellular Phone: _____

Emergency Contact Person: _____ Phone Number: _____

This box is for OFFICE USE ONLY: NAR # (919)-715-0562			
Certified Nursing Assistant? Yes No	Verification#	Initials:	Date:
Criminal Record information reviewed? Yes No		Initials:	Date:
References Checked:			
Hire Date:			

	Name and Address	Number of Years Attended	Course of Study	Diploma and Degree Earned?
High School Attended				
Undergraduate Professional				
Other/CNA 1 Training Program				

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status?
(Proof will be required upon employment) Yes No

Date available to work ___/___/___ Salary range requested? _____

Are you currently employed? Yes No
May we contact your employer? Yes No

Have you worked at Shipman Family Home Care, Inc. before? Yes No

Do you have friends or relatives who work for Shipman Family Care, Inc? Yes No

County in which you prefer to work? _____

Drivers License # _____ Copy of Insurance Card _____

JOB EXPERIENCE:

Employer # 1	Hire Date	Date Left	Work Performed	Checked References Initials/Date Official Use Only
Address				
Job Title				
Reason for Leaving				

Employer # 2	Hire Date	Date Left	Work Performed	Checked References Initials/Date Official Use Only
Address				
Job Title				
Reason for Leaving				

Signature of Applicant Date

Reviewed By Date

