

PROFESSIONAL HEALTHCARE SOLUTIONS, LLC

"A Place Where Caring for Families is our Business"

1009 N Sixth St, Albemarle NC 28001 Phone:(704) 550-9171@ Fax:(980)-236-1136

EMPLOYMENT APPLICATION

Employees of PROFESSIONAL HEALTHCARE SOLUTIONS, INC. and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.

To be considered for employment, this application must be completed in its entirety. A resume may be attached.

All applicants considered for positions must undergo a Criminal Background Investigation prior to employment.

PROFESSIONAL HEALTHCARE SOLUTIONS, INC. is a Drug Free Workplace. Applicants considered for positions may undergo random drug testing.

Programs, services, and employment are equally available for everyone. Please inform us if you require reasonable accommodation for the application or interview.

Position: _____ Date of Review: _____
How were you referred to us? _____

APPLICANT DATA

Full Name (Last, First, Middle): _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Mobile Phone/ Pager/ Other: _____
Email Address: _____
Date Available to Start: _____ Social Security #: _____ - _____ - _____
Salary Requirement: _____ ☐ Hourly ☐ Salary
High School: _____ Degree Received: ☐ Yes ☐ No

If you are under the age of 18, can you provide a work permit? ☐ Yes ☐ No

If yes, when? _____

Are you a citizen of the United States? ☐ Yes ☐ No

If not, are you legally allowed to work in the U.S.? ☐ Yes ☐ No

Type of Employment

Full -Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐

Have you previously been employed by PROFESSIONAL HEALTHCARE SOLUTIONS, INC.
☐ Yes ☐ No

Position: _____

Dates of Employment: _____

Have you ever been terminated from any employment for violating company policy, rules, or regulations?

☐ Yes ☐ No

If Yes, Please Explain: ____

Have you ever pleaded "guilty", "no contest", or been convicted of a crime? ☐ Yes ☐ No

If yes, give dates and details:

Answering "yes" to these questions does not constitute the automatic rejection for employment. Date of the offense, seriousness and nature of violation, rehabilitation, and position applied for will be considered. (Attach extra paper if needed).

Do you have a valid South Carolina/ North Carolina Driver's License? ☐ Yes ☐ No

Driver's license number: _____ State: _____

SUMMARIZE YOUR SPECIALITY/ QUALIFACTIONS: Use this space for additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements, or specialized skills:

Please list any additional skills you may have which would be helpful in your doing the job you are applying for:

PREVIOUS EMPLOYMENT: (Begin with most recent position):

Dates of Employment: From _____ To _____
Position(s) Held: _____ Company Name: _____
Address: _____ City/State: _____ Zip Code: _____
Phone: _____
Supervisor(s): _____
Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____
May we contact this employer? _____

Dates of Employment: From _____ To _____
Position(s) Held: _____ Company Name: _____

Address: _____ City/State: _____ Zip Code: _____

Phone: _____

Supervisor(s): _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer? _____

Dates of Employment: From _____ To _____

Position(s) Held: _____ Company Name: _____

Address: _____ City/State: _____ Zip Code: _____

Phone: _____

Supervisor(s): _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer? _____

Professional References

List names, phone numbers, and title/relationships of three persons not related to you who knows your qualifications

| Name | Phone Number | Title/Relationship |
|------|--------------|--------------------|
| 1. | | |
| 2. | | |
| 3. | | |

Personal References

List names, phone numbers, and title/relationships of three persons not related to you who knows your qualifications

| Name | Phone Number | Title/Relationship |
|------|--------------|--------------------|
| 1. | | |
| 2. | | |
| 3. | | |

Please Initial

_____ I certify that my answers are true and complete to the best of my knowledge. I authorize PROFESSIONAL HEALTHCARE SOLUTIONS, INC to make such investigations and inquiries of my criminal checks, child abuse/ neglect central registry checks, Medicaid Exclusion list, Nurse Registry, Sex Offender Registry, personal, employment, educational, financial, and other related matters, as necessary for employment position.

_____ I hereby, release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

_____ In the event I become employed, I fully understand that false or misleading information provided by me, on this application or within the job interview(s) may result in my automatic termination and/ or discharge without notice.

Signature of Applicant: _____ Date: _____

**YOU WILL BE REQUIRED TO HAVE THE FOLLOWING
DOCUMENTATION BEFORE YOU START TO WORK WITH
PROFESSIONAL HEALTHCARE SOLUTIONS, INC.**

1. COMPLETED APPLICATION AND RESUME
2. NATIONWIDE CRIMINAL BACKGROUND CHECKS.
3. OFFICIAL TRANSCRIPTS AND COPIES OF COLLEGE/ UNIVERSITY DEGREE.
4. CURRENT TB TEST (NOT OLDER THAN SIX MONTHS).
5. PROOF OF RESIDENCY, IF IN THE STATE OF SC /NC LESS THAN 5 YEARS.
6. COPY OF DRIVER'S LICENSE.
7. COPY OF MOTOR VEHICLE INSURANCE CARD.
8. DOCUMENTATION OF REQUIRED EXPERIENCE.
9. COPY OF ALL TRAINING CERTIFICATES / CERTIFICATIONS.
10. PROOF OF CURRENT SC LICENSURES.
11. REFERENCES TWO BUSINESS AND ONE PERSONAL.
12. ALL REFERENCES VERIFIED.
13. AUTHORIZATION TO PERFORM HEALTH CARE REGISTRY CHECK.