

Warren Care Services, LLC Employment Application

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**

**All Information is
CONFIDENTIAL to WCS**

**Mail Application To:
Warren Care Services
PO Box 2856
Burlington, NC 27216**

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at this address? _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____
 and salary/hourly rate desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, please explain. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license

number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years (circle)? Yes No If yes, how many? _____

Have you had any moving violations during the past three years (circle)? Yes No If Yes, how many? _____

**OFFICE USE
ONLY**

Typing Yes No _____ WPM

10-key Yes No

Word Processing Yes No _____ WPM

Personal Computer Yes No PC

Mac

Other _____

Skills _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY		
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty _____ Date Entered _____ Discharge Date _____		

Work Experience Please list your work experience for the **past 6 years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with [the Company] creates an actual or implied contract of employment. I understand that, if I accept employment with Warren Care Services, LLC it will be on an at-will basis. This means that Warren Care Services, LLC or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Warren Care Services, LLC. I release Warren Care Services, LLC, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Warren Care Services, LLC to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Warren Care Services, LLC and its employees from all liability arising from such investigation.

Signature of Applicant _____ **Date:** _____

Warren Care Services, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Warren Care Services, LLC depends solely on your qualifications.