



2160 Country Club Rd., Suite B  
Winston-Salem, NC 27104  
Phone: (336)724-1197  
Fax: (336)724-1196

### Employment Application

*Piedmont HomeHealth, Inc. is an Equal Opportunity Employer. We do not discriminate because of race, color, religion, sex, national origin, marital status, age, disability, veteran status, or other protective class characteristics.*

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_ Can you receive text messages? YES  NO

Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_ Home  Mobile

Email Address: \_\_\_\_\_ .COM

Are you a Smoker? YES  NO  *If you are a smoker*, can you adhere to the **NO SMOKING** policy? YES  NO

Are you 18 years or Older? YES  NO

Are you legally eligible for employment in the United States? YES  NO

Have you ever worked for Piedmont HomeHealth before? YES  NO  When? \_\_\_\_\_

Have you ever applied to Piedmont HomeHealth before? YES  NO  When? \_\_\_\_\_

Have you ever been discharged or encouraged to resign from a job? YES  NO  If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Info:

Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Does this person live with you? YES  NO

\_\_\_\_\_

**Physical Demands for all Direct Care Staff**

<u>Sitting:</u>	2-4 hours a day	<u>Crouching:</u>	Occasionally
<u>Standing:</u>	2-4 hours a day	<u>Color Vision:</u>	Yes
<u>Walking:</u>	2-4 hours a day	<u>Lifting Objects:</u>	25 lbs.
<u>Reaching:</u>	Frequently	<u>Visual Ability:</u>	Good
<u>Bending:</u>	Moderately	<u>Hearing Ability:</u>	Good
<u>Stooping:</u>	Occasionally	<u>Verbal Ability:</u>	Good
<u>Kneeling:</u>	Occasionally	<u>Pulling:</u>	50 lbs.
<u>Pushing:</u>	50 lbs.		

- Ability to work long and/or irregular hours
- Exposure to chemicals, cleaning agents, disinfectants, blood and bodily fluids
- Ability to function independently, to analyze and make decisions quickly
- Ability to distinguish colors as related to assessing a patient's condition
- Ability to hear and understand messages in person, over the telephone, intercom, and/or paging system
- Ability to speak clearly while giving information and instructions to others
- Ability to cope calmly and politely in stressful situations

Are you able to perform all of the Physical Demands listed above?  YES  NO

If NO, please explain: \_\_\_\_\_

**Please check if you are willing to work with the following animals at a residence while caring for a client?**

NO ANIMALS     CATS ONLY     DOGS ONLY     ANY ANIMALS, AS LONG AS NON- AGRESSIVE

**Position Objective**

For what position are you applying? \_\_\_\_\_

How did you hear about the job opening? \_\_\_\_\_

Date Available To Start: \_\_\_\_\_

Employment Desired:  Full-Time Employment     Part-Time Employment     PRN Employment

How many hours **per week** are you available to work? \_\_\_\_\_ hours/week

Shift(s) available to work (check all that apply):

1<sup>st</sup> shift (7a-3p)     2<sup>nd</sup> shift (3p-11p)     3<sup>rd</sup> shift (11p-7a)     Weekends Only

Additional Availability \_\_\_\_\_

Piedmont HomeHealth provides in-home care for seniors that may require services round-the-clock. To properly satisfy our clients' care needs, all full-time and part-time employees are required to work **alternating weekends (including Sundays)** as well as some holidays. Do you have any concerns with your ability to satisfy this commitment?

YES  NO

If YES, please explain:

## Education

	NAME OF SCHOOL LOCATION (CITY and STATE)	NUMBER CREDIT YEARS	DEGREE TYPE	DEGREE (Y/N)	MAJOR OR COURSE OF STUDY	DATE	# YRS. ATTEND
High School							
College		1   2   3   4					
Graduate School		1   2   3   4					
Trade/Tech School		1   2   3   4					
GED EQUIVALENCY			CERTIFICATION <input type="checkbox"/> Yes <input type="checkbox"/> No			YEAR RECEIVED	

List special accomplishments (scholastic honors, professional and business offices held, etc.) and any other additional information you would like us to consider. (Exclude information which would reveal gender, race, religion, national origin, age, disability or other protected status.)

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## Military Service

Have you ever served in the US Armed Forces?  YES  NO

Are you now a member of the National Guard/Reserves?  YES  NO

If yes, describe any training or experience gained in the course of military service that would enable you to perform the job for which you are applying:

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## References : Please list TWO PROFESSIONAL References

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Employment History

NAME OF PRESENT OR LAST EMPLOYER		PHONE	START DATE	END DATE
ADDRESS			START SALARY	PER
LAST POSITION HELD	IMMEDIATE SUPERVISOR		END SALARY	PER
DUTIES				
WHY DID YOU LEAVE?			MAY WE CONTACT THIS EMPLOYER?	
PREVIOUS EMPLOYER		PHONE	START DATE	END DATE
ADDRESS			START SALARY	PER
LAST POSITION HELD	IMMEDIATE SUPERVISOR		END SALARY	PER
DUTIES				
WHY DID YOU LEAVE?			MAY WE CONTACT THIS EMPLOYER?	
PREVIOUS EMPLOYER		PHONE	START DATE	END DATE
ADDRESS			START SALARY	PER
LAST POSITION HELD	IMMEDIATE SUPERVISOR		END SALARY	PER
DUTIES				
WHY DID YOU LEAVE?			MAY WE CONTACT THIS EMPLOYER?	

### OFFICE USE ONLY: Applicants Please DO NOT write below this line

**EMPLOYER INSTRUCTIONS:** Please verify the above information against your records and answer the questions below. *Your cooperation is appreciated and your response will be kept confidential!*

Your Name: \_\_\_\_\_ Company: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Is all of the information correct as stated above? YES  NO

Is this employee eligible for rehire? YES  NO

If NO, what is incorrect?

\_\_\_\_\_

Please fax this back to (336)724-1196 or call us at (336)724-1197 if you have any questions. Thank you!

**PIEDMONT OFFICE USE ONLY:** Information Verified By: \_\_\_\_\_ Date: \_\_\_\_\_ VIA: Phone  Fax

**GENERAL RELEASE AND ORDER FORM**

In connection with my application for employment with Piedmont Home Health, Inc., I understand that an investigative inquiry on myself will be made including consumer credit, criminal conviction, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, and experience, along with the reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil education and other experiences. **I also understand that a \$10 charge will be deducted from my first paycheck to cover the cost of processing this background check.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Is this a North Carolina Driver's License? YES  NO  If NO, then what state? \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Vehicle Primarily Driven to Work:**

Vehicle (Year): \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone #: \_(\_\_\_\_\_)\_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Expiration Date of Policy: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you do not have your own transportation, how will you get to work?

\_\_\_\_\_

What other states have you lived in besides NC and when did you live there?

\_\_\_\_\_

## Certification and Authorization

### **Please Read Carefully To Ensure Your Understanding Before Signing.**

*I certify that the information given by me in this application is true and complete in all respects. I understand and agree that any misleading or incorrect statements or the incomplete filling out of this application shall be considered sufficient cause for denial of employment or immediate discharge. I authorize Piedmont HomeHealth, Inc. to investigate all information in this application and to secure additional information, if necessary. I understand that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as business associates, state or local government, motor vehicle agencies, credit reporting agencies, agencies for background or criminal checks. I understand that this inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever is applicable. I have the right to make a written request within reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I authorize past employers, all references, and any other persons, unless stated otherwise in the application, to answer all questions asked related to my ability, character, reputation and previous employment record. In accordance with the law, I hereby release from all liability or responsibility all persons, companies or corporations furnishing such information. I understand that any consideration for, or offer of, employment is conditional on Piedmont HomeHealth, Inc. obtaining the results of this investigative report.*

*I understand that if I am employed by Piedmont HomeHealth, Inc., I will be required to sign a confidentiality agreement as a condition of employment. I further understand that, if employed, I will be subject to the policies of Piedmont HomeHealth, Inc. and that Piedmont HomeHealth, Inc. may revise policies or procedures, in whole or in part, at any time.*

*I understand that the completion of this application does not assure me of a position with Piedmont HomeHealth, Inc. and does not obligate Piedmont HomeHealth, Inc. to me in any way. If an employment relationship is established, I understand that an initial Evaluation Period for new employees, regardless of other classifications, shall be in a trial status the first six (6) months of employment. During this period both the employee and employer shall consider whether each wishes to continue the association. A decision by the employee to discontinue employment may be made without prejudice anytime during that period providing a two-week written notice is given. A decision by Piedmont HomeHealth, Inc. to discontinue employment does not require a notice. I further understand that my employment shall be terminable at will, by either party, without notice, upon verbal or written notification of employment.*

*I understand that any offer of employment will be conditional on verification of my employability under U.S. immigration laws.*

*I understand that any offer of employment will be contingent upon my successfully passing a drug screen provided at the expense of Piedmont HomeHealth, Inc. I fully and unconditionally consent to such drug screen and authorize the release of the results of such drug screen to Piedmont HomeHealth, Inc. I understand that the results of such drug screen will be used by Piedmont HomeHealth, Inc. in consideration of my employment application, and may be used by Piedmont HomeHealth, Inc. to refuse to offer me employment or to withdraw any offer of employment previously made.*

*This application is valid for 60 days.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY: Please do not write below this line**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Did you verify all information on the application to be correct and filled out properly? YES  NO

Issues with application: \_\_\_\_\_

Remarks:

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**Did you obtain the following from the applicant? (check off all that apply):**

**Driver's License \*Current**  
(please attach copy)

**Social Security Card**  
(please attach copy)

**C.N.A. Registry Verification \*Current:**  
(please attach copy)

**TB Record \* Current:**  
(please attach copy)

**CPR Certification \*Current:**  
(please attach copy)