

HOUSE OF MERCY, INC.

P. O. Box 808, Belmont, NC 28012

Application for Employment
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decision be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have room on this application. **PLEASE PRINT**, except for signature areas in application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job Applied For _____ Today's Date _____

Do you have the ability to perform the essential functions of this position? Yes No

Are you seeking: Full-time Part-time PRN/Temporary

When could you start work? _____

Last Name

First Name

Middle Name

Maiden Name

Present Street Address

City

State

Zip Code

Telephone Number(s): Home: _____ Cell: _____ Other: _____

Email: _____ Are you 18 years of age or older? Yes No

Social Security Number _____ If hired, can you furnish proof of age? Yes No

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied at House of Mercy before? Yes No If yes when? _____

Were you ever employed by House of Mercy? Yes No If yes when? _____

Do you have any immediate relatives currently employed by House of Mercy? Yes No

If so, who? _____

House of Mercy reserves the right to not allow the employment of relatives in accordance with its Employment Policy.

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, give details _____

(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and the job for which you are applying will be considered)

Are you now or do you expect to be engaged to any other business or employment? Yes No

If yes, please explain _____

EDUCATION

List Name and Address of Schools	Number of Years Completed	Diploma/Degree/Certificate
High School or GED: _____ _____		
College or University: _____ _____ Subjects Studied: _____ _____		
Vocational or Technical: _____ _____ Subjects Studied: _____ _____		

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

Do you have a valid drivers license? Yes No

Drivers License Number _____ Class of License _____ State Issued _____

Have you had your drivers license suspended or revoked in the last 3 years? Yes No

If yes, give details _____

List professional, trade, business or civic activities and office held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

WORK HISTORY

List names of employers in consecutive order with **present or last employer listed first**. Account for all period of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Name of Employer: _____ Supervisor: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Title/Position Held: _____ Duties : _____

Employed From (mo/yr) ____/____ To (mo/yr) ____/____ Pay: Start \$ _____ Final \$ _____

Reason for Leaving: _____

Name of Employer: _____ Supervisor: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Title/Position Held: _____ Duties : _____

Employed From (mo/yr) ____/____ To (mo/yr) ____/____ Pay: Start \$ _____ Final \$ _____

Reason for Leaving: _____

Name of Employer: _____ Supervisor: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Title/Position Held: _____ Duties : _____

Employed From (mo/yr) ____/____ To (mo/yr) ____/____ Pay: Start \$ _____ Final \$ _____

Reason for Leaving: _____

WORK HISTORY (continued)

Name of Employer: _____ Supervisor: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Title/Position Held: _____ Duties : _____

Employed From (mo/yr) ____/____ To (mo/yr) ____/____ Pay: Start \$ _____ Final \$ _____

Reason for Leaving: _____

Name of Employer: _____ Supervisor: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Title/Position Held: _____ Duties : _____

Employed From (mo/yr) ____/____ To (mo/yr) ____/____ Pay: Start \$ _____ Final \$ _____

Reason for Leaving: _____

Name of Employer: _____ Supervisor: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Title/Position Held: _____ Duties : _____

Employed From (mo/yr) ____/____ To (mo/yr) ____/____ Pay: Start \$ _____ Final \$ _____

Reason for Leaving: _____

REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three (3) references, not relatives or former employers.

Name

Address

Phone

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFIDAVIT

Please read each statement carefully before signing

I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY RESULT IN MY DISMISSAL IF DISCOVERED AT A LATER DATE.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.

Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application for employment with **HOUSE OF MERCY**, I understand that **HOUSE OF MERCY** and their respective agents may conduct an investigation into my background including, but not limited to, my character, general reputation, personal characteristics, work habits, performance and experience, along with reasons for termination of employment from previous employers. Further, I understand that inquiries may be conducted regarding my criminal record, driving history, if applicable, credit history, and educational history. I understand that the truthfulness of every answer on my application may be verified. In exchange for **HOUSE OF MERCY** considering me for employment, I hereby release **HOUSE OF MERCY**, their employees, representatives and agents, and any persons or institutions who or which may be contacted as described herein from any liability as a result of such information. I specifically waive any written notice from any present or former employer who may provide information based upon this authorization. A photocopy of this authorization should be accepted with the same authority as the original.

Last Name (Print)

First Name

Middle Name

Date of Birth*

Social Security

Drivers License Number

State Issued

All Former Names, Including Name Changes Through Marriage or Otherwise*

Signature

Date

This information will not be kept in the personnel file.

* This information is used solely to facilitate the background investigation that may be conducted as part of **HOUSE OF MERCY**'s consideration of your application for employment, and is necessary for criminal record inquiries and to ensure accuracy of information obtained. These data are not a basis for hiring decisions.