

Margate Health and Rehabilitation Center

540 Waugh Street

Jefferson, North Carolina 28640

Phone (336) 246-5581 Fax (336) 246-5997

Employment Application

An equal opportunity and affirmative action employer

Personal Information

Last Name	First Name	Middle Initial
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Other names by which you have been known (for date verification and reference checking purposes)

Home Phone	Business Phone	E-mail Address
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Permanent Address	City	State	ZIP Code
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Previous Address (If at current address less than 5years)	Driver's License Number/State
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If you are not a citizen of the United States, are you eligible to work in the U.S. and would you be able to provide the necessary documents of proof of the legal right to work upon hire? Yes No

Are you under 18? Yes No If you are under 18 and still in high school, you may be required to provide a work permit upon hire.

Have you ever been convicted of a crime? Yes No

If YES, what was (were) the offense(s)?

Date(s) and place(s) of conviction A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Factors such as age at the time of the offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense, and rehabilitation will be taken into account.

Have you ever been excluded from participating in any state or federal health care program? If Yes, please provide the details.

Have you visited Sierra Leone, Liberia, or Guinea in the past 21 days? Yes No Do you intend to travel to these areas in the near future? Yes No

If you do intend to travel to these areas, when will you do so? _____ Have you been exposed to anyone with Ebola? Yes No

Employment Interest

Position/Shift Desired	Salary Desired	Date Available
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Education and Training

Indicate last level completed: High School College or University Graduate School

Name of High School, Technical School, and College	City, State	Major	Degree	Month/Year of Degree

Additional education, vocational, professional, military, or other information you feel may be helpful to us in considering your application:

Military Service

Branch of Service

Dates of Service

Duties/Special Training

Employment History

Please list most recent employer first.

Company Name		Street Address	
City	State	ZIP Code	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Job Title		Final Job Title	
Supervisor's Name and Title			Phone
Reason for Leaving		Dates of Employment	
Job Duties		From (mo/yr) To (mo/yr)	
		Starting Rate of Pay (\$) Ending Rate of Pay (\$)	

Company Name		Street Address	
City	State	ZIP Code	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Job Title		Final Job Title	
Supervisor's Name and Title			Phone
Reason for Leaving		Dates of Employment	
Job Duties		From (mo/yr) To (mo/yr)	
		Starting Rate of Pay (\$) Ending Rate of Pay (\$)	

Company Name		Street Address	
City	State	ZIP Code	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Job Title		Final Job Title	
Supervisor's Name and Title			Phone
Reason for Leaving		Dates of Employment	
Job Duties		From (mo/yr) To (mo/yr)	
		Starting Rate of Pay (\$) Ending Rate of Pay (\$)	

Business Reference Data

Please list at least one present or former manager.

Name	Email Address	Phone	Business Relationship
1			
2			
3			

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Applicant's Statement

The information contained in my application for employment with Margate Health and Rehab Center, LLC is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by Margate Health and Rehab Center, LLC (a) shall result in Margate Health and Rehab Center, LLC not employing me or, if I am employed, terminating my employment, (b) may cause me to be rejected as a volunteer, and (c) if my employment is terminated for certain misrepresentations in the application process, may prohibit me from recovering unemployment benefits from Margate Health and Rehab Center, LLC. I understand and agree that all information furnished in my application and all attachments may be verified by Margate Health and Rehab Center, LLC or its authorized representative.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized officer of this organization.

Current Date:

(Applicant Signature)

(Print Name)