



*The Shannon Gray
Rehabilitation & Recovery Center*

Applicant Name: _____

**APPLICATION FOR
EMPLOYMENT**

THIS FACILITY IS AN EQUAL OPPORTUNITY EMPLOYER

** NC Statewide &/or Federal Criminal Background Check required prior to employment.

** Providing false information on this application form, specifically including, but not limited to, information related to a prior criminal record will result in immediate discharge from employment. A prior criminal record will not necessarily disqualify you from employment. Answer each question on this application in a full and truthful manner. By signing your name at the end of this application, you affirm that your answers on this application are true, correct, and complete.

Date Application Submitted: _____

EMPLOYMENT DESIRED

Position applied for: _____ Date you can start: _____

Full Time Part Time

1st Shift 2nd Shift 3rd Shift

Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	→	If "Yes," may we contact your Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Current Employer _____		
Contact Name _____ Phone Number _____		

Have you ever been employed by The Shannon Gray Rehabilitation & Recovery Center?
Yes No If "Yes," list dates of employment: _____

If "Yes," did you have another name (first or last) at that time? If so, please list it:

List any relatives working for The Shannon Gray: _____

PERSONAL INFORMATION

Name:	_____	_____	_____	_____
	First	Middle	Last	Nickname
Address:	_____		_____	
	Street Address		Apt. #	
	_____		_____	
	City	State	Zip Code	

Email Address: _____

Home Phone: () -	Best Time to Contact:
Cell Phone: () -	
Alt. Phone: () -	SS # : _____ - _____ - _____

Are you over 18 years of age?	→	If no, do you have a work permit?
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you a US Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, do you have a work visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you applied for a visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain: _____		

Have you ever been excluded from participation in any state or federal health care program?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list dates & facts of circumstance: _____

Have you lived in North Carolina for the past 5 consecutive years?
Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATIONAL BACKGROUND

Check highest grade completed:
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
If you did not complete high school, do you have a high school equivalency diploma?
Yes <input type="checkbox"/> No <input type="checkbox"/>

Check number of years of post high school education (Jr. College, College, Graduate School):

1 2 3 4 5 6 7 8

	Name & Location of Institution	Dates Attended	Did you Graduate?	Major/Speciality
High School				
Trade School				
College				
Graduate School				

Other special skills & training:

What do you feel, is your biggest strength?

Any Licenses/Certifications held:

U.S. Military Service (include branch, dates of service & rank):

PERSONAL REFERENCES

(Please provide three names & information of persons not related to you, whom you have known at least one year)

NAME	ADDRESS	BUSINESS	PHONE #	YEARS KNOWN
			()	
			()	
			()	

CONTROLLED SUBSTANCE SCREENING

In accordance with N.C.G.S. §131E-114.4, we require that ALL prospective employees undergo a PRE-HIRE controlled substance screening test. Please note that if you desire employment with this facility, you will have to comply with this requirement with appropriate results, which will be explained prior to the initial screening.

FORMER EMPLOYMENT

(Please list below your past three employers, beginning with the most current)

(1) COMPANY NAME:	
Mailing Address:	
Current Phone #: ()	Supervisor:
Hire Date: ___/___/___	Length of Employment: [] Years [] Months
Position & Skills Used:	
Reason for Leaving:	
Final Rate of Pay:	
(2) COMPANY NAME:	
Mailing Address:	
Current Phone #: ()	Supervisor:
Hire Date: ___/___/___	Length of Employment: [] Years [] Months
Position & Skills Used:	
Reason for Leaving:	
Final Rate of Pay:	
(3) COMPANY NAME:	
Mailing Address:	
Current Phone #: ()	Supervisor:
Hire Date: ___/___/___	Length of Employment: [] Years [] Months
Position & Skills Used:	
Reason for Leaving:	
Final Rate of Pay:	

APPLICANT AUTHORIZATION

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature

Date

CRIMINAL BACKGROUND CHECK AUTHORIZATION

(This Application is **VOID** without signing this Authorization)

I acknowledge that this facility, The Shannon Gray Rehabilitation & Recovery Center, must by state law conduct a minimum of a statewide (North Carolina) Criminal Background Check on all unlicensed personnel. If I have not lived in North Carolina for the past 5 consecutive years, I understand that a Federal Background Check will be conducted. As an applicant of this facility, I understand that prior to an employment offer, my criminal background will be reviewed. If I am employed by The Shannon Gray Rehabilitation & Recovery Center, a fee of \$10.00 will be deducted from my first paycheck to cover the costs of conducting this Criminal Background Check.

By signing this authorization, I am giving The Shannon Gray Rehabilitation & Recovery Center my permission to conduct a statewide and/or Federal Criminal Background Check and deduct the \$10.00 from my first paycheck upon employment.

Signature

Date

APPLICANT, DO NOT WRITE BELOW THIS LINE

PERSONAL REFERENCE CHECKS

1	
2	
3	

Signature of Shannon Gray Representative conducting the Reference Checks

EMPLOYMENT REFERENCE CHECKS

1	
2	
3	

Signature of Shannon Gray Representative conducting the Reference Checks

Interviewed By: _____ Date: _____

REMARKS

Hire Date:	Start Date:	Department:
Position:	Rate of Pay:	FT/PT/PRN:
Hired By:		Orient Date:

Approved By: _____

The Shannon Gray Rehabilitation and Recovery Center
2005 Shannon Gray Court
Jamestown, NC 27282
(336) 307-4729 (336) 307-4961: Fax

Reference Request

From: _____

To: _____

Date: _____

APPLICANT: PLEASE COMPLETE AND SIGN BELOW:

I, _____ (Applicant's Name) give my permission for any of my previous employers to provide a complete reference of my previous employment to The Shannon Gray via Fax or Phone Contact.

Applicant's Signature: _____

Date: _____

PREVIOUS EMPLOYERS COMPLETE INFORMATION BELOW:

The above referenced applicant has listed your firm as a previous employer. Please verify by answering the following:

Employment Duration: From: _____ To: _____

Position Held: _____

Attendance Record: _____

Reason for Leaving: _____

Would you rehire? _____

Signature and title of person completing form: _____

The above information will be held in strict confidence. Thank you for your cooperation.