## A PRIMARY CHOICE, INC.

Mental Health & Home Health Services "Individuals First Choice"

## EMPLOYMENT APPLICATION

Date of Application\_\_\_\_

Name		Phone#	Cell
Social Security Number			
		City/State/Zip_	
Employment Do	simade DI V: 4	1 1 1	
	sired: Place an X in th		
Permanent Full-time		Permanent Part-time	
Temporary Full-time <b>Position Applying for:</b> <i>Place an X in th</i>			
Position Applyin	g lor: Place an X in th	ie box below	
Nurse		Nursing Assistant	
Clerical		Other:	
		<del></del>	
Earliest Date available to begin work:		Salary Desired	
Have you ever work	ed for the company	or	
Thave you ever work	Ye	s No	
<b>Education:</b>			
	Name and Address	Dates attended	Degree Received
High School			
College			
Graduate			
Other			
Special Trainings of	r Volunteer work receiv	ved in the area of em	ployment desired:
Have you ever been	convicted of a Felony?	or Yes No	
Describe(if you answ	vered yes Above)	100	
Have you lived outsi	de the state of NC in th	e past 5 yearsYes	or No
Employment Hist			
1. Company Name		Phone ( )	
Contact Name		Phone ( )	

Employed From	_/ To	/ Salary Paid
		Year
Position Held		Last Worked
Reason for Leaving		
2. Company Name		Phone ( )
Contact Name		Phone ( )
Employed From	/ To	Phone ( )
		Year
Position Held		Last Worked
Reason for Leaving		
3. Company Name		Phone ( )
		Phone ( )
Employed From	/ To	/Salary Paid
		Year
Position Held		Last Worked
References: Please provid		
Name	Address	Phone Number
Relationship		Years Known
Name	Address	Phone Number
Relationship		Years Known
employees or there is an employment (including the assignment of demeaning reason or no reason at all. It is also up Employment at Primary Choice provided that in mind, there is no warning unacceptable personal conduct. All approximately approximately as a support of the conduct of the cond	contract providing otherwis ng tasks) and the employer o to each employer to decide ides assistance to people wit g required to dismiss an em oplicants must provide a soc	imply means that unless there is a specific law to protect ise, then an employer can treat its employees as it sees fit can discharge an employee at the will of the employer for any e if its employees may see their own personnel file or not. th different physical, medical, mental and financial situations aployee for grossly inefficient job performance or cial security card, driver's license, current skin test, current
CPR and a clean Nurse Aide Registry completed for employment.	before final approval of em	nployment. All trainings required for each position must be
statements on this application or falsi	fied documents submitted w	e and complete to the best of my knowledge. Falsified with this application will qualify me from further n hired, may result in suspension or immediate termination.
Print Name Date		
Signature		

To submit this application, save as an attachment then email the copy to ymcdowell.apc@primaryhealthchoice.org.

primarychoice@bellsouth.net Corporate Office: P.O. Box 159, St. Pauls, NC 28384 Toll Free Contact: 1-(888)-739-1445 "Several offices located throughout the Eastern & Central Region"