

Carolina Hearts Medical Equipment, LLC

600 South Main Street, Suite C
Laurinburg, NC 28353
Office (910) 277-2505

EMPLOYMENT APPLICATION

Date _____

Referred By: _____

OFFICE USE ONLY			_____
_____	_____	_____	Human Resource Representative
Last Name	First	Middle	Application Received _____
_____	_____	_____	Application Reviewed _____
Position Applied For	_____	_____	Interview _____
_____	_____	_____	Job Offer Date _____ Start Salary _____
_____	_____	_____	Accept/Reject _____

APPLICATION WILL REMAIN ACTIVE FOR 90 DAYS - UNLESS RENEWED BY APPLICANT

Please Print

Last Name

First Name

M.I.

Other names you have used for employment: 1. _____

DOB: _____ 2. _____

Social Security Number: _____ / _____ / _____ Email: _____

Drivers License # _____ State _____ Exp. Date _____

Mailing Address _____

City

State

Zip Code

Home Telephone (____) _____ Message/Cell Phone (____) _____

Emergency Contact Person _____ Relationship _____ Phone _____

Have you ever been employed by Carolina Hearts Home Care, LLC before? _____ Yes _____ No

If yes, please indicate dates of employment: From _____ To _____

Position Applied For: _____

Salary Desired: \$ _____ Salary Start rate \$ _____

Date you are available to begin work: _____

AS A CONDITION OF EMPLOYMENT WITH CAROLINA HEARTS YOU MUST PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES, PURSUANT TO FEDERAL IMMIGRATION LAW.

THIS AGENCY IS AN EQUAL OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE OR DISABILITY. WE ASSURE YOU THAT THE OPPORTUNITY FOR EMPLOYMENT WITH THIS MEDICAL CENTER DEPENDS SOLELY ON YOUR QUALIFICATIONS.

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Answer the following by circling the appropriate answer:

1. *Have you ever been convicted of violating the law other than a minor traffic violation?
YES NO

2. *Have you ever had any disciplinary action taken against any of your licenses or certification?
YES NO

3. *Are your professional licenses or certifications now under review, probation, suspension, or are you working under a consent order from any licensing authority?
YES NO

4. *Have you ever been named as a defendant in a malpractice claim? YES NO

(*If you answered yes to any of the previous four questions, please attach a separate sheet of paper with a full explanation, including dates and current status.)

EDUCATION

Name of Institution	Campus Location of School & Phone	<i>Course of Study</i>	Start Date- Graduation Date	Type: Degree or Diploma	DESIGNATION: RN/LPN/NP, etc.

JCAHO MANDATORY ANNUAL IN-SERVICES I HAVE READ AND UNDERSTAND THE FOLLOWING BOOKLETS.

BOOK TITLE	DATE
FIRE EMERGENCY – INITIAL RESPONSE & EVACUATION	
HEALTHCARE ELECTRICAL SAFETY	
ERGONOMICS – WATCH YOUR BACK	
PATIENT CONFIDENTIALITY	
HIPAA: PRIVATE COMPLIANCE	
HAZARD COMMUNICATION	
INFECTION CONTROL	
BLOOD BORNE PATHOGENS	
WORKPLACE VIOLENCE	
DOMESTIC ABUSE	
AGE-SPECIFIC CARE	

APPLICANT NAME (PRINT): _____ DATE _____

SIGNATURE _____ DATE _____

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EMPLOYMENT HISTORY

List current or most recent employer first. Complete for previous ten years of employment.

I.

Facility or Employer _____ Phone Number _____

Address _____
Street Address City State Zip Code

Dates Employed: From _____ To _____ Salary _____

Reason for Leaving _____

Position Held _____ Average Patient Caseload _____ Shift Worked _____

Facility Supervisor's Name and Title _____ Phone (____) _____ Ext. _____

Agency (If Applicable) _____ Phone (____) _____ Ext. _____
City State

Verified by: _____ Facility Rep: _____ Date Verified: _____

Notes: _____

II.

Facility or Employer _____ Phone Number _____

Address _____
Street Address City State Zip Code

Dates Employed: From _____ To _____ Salary _____

Reason for Leaving _____

Position Held _____ Average Patient Caseload _____ Shift Worked _____

Facility Supervisor's Name and Title _____ Phone (____) _____ Ext. _____

Agency (If Applicable) _____ Phone (____) _____ Ext. _____
City State

Verified by: _____ Facility Rep: _____ Date Verified: _____

Notes: _____

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EMPLOYMENT HISTORY.....Continued

III.

Facility or Employer _____ Phone Number _____

Address _____
Street Address City State Zip Code

Dates Employed: From _____ To _____ Salary _____

Reason for Leaving _____

Position Held _____ Average Patient Caseload _____ Shift Worked _____

Facility Supervisor's Name and Title _____ Phone (____) _____ Ext. _____

Agency (If Applicable) _____ Phone (____) _____ Ext. _____
City State

Verified by: _____ Facility Rep: _____ Date Verified: _____

Notes: _____

IV.

Facility or Employer _____ Phone Number _____

Address _____
Street Address City State Zip Code

Dates Employed: From _____ To _____ Salary _____

Reason for Leaving _____

Position Held _____ Average Patient Caseload _____ Shift Worked _____

Facility Supervisor's Name and Title _____ Phone (____) _____ Ext. _____

Agency (If Applicable) _____ Phone (____) _____ Ext. _____
City State

Verified by: _____ Facility Rep: _____ Date Verified: _____

Notes: _____

I understand that any employment offers are conditioned upon undergoing a medical examination, and if required by the client, certain states, or Carolina Hearts, a drug screen and/or criminal background check. I authorize the release of this application, reference information and medical information relating to my employment with Carolina Hearts and client facilities where I may be employed.

I further give Carolina Hearts authorization to verify the information I have provided and to conduct reference checks through contact with any past employers, I release all persons providing such information from any liability for providing this information. I certify the information provided in this application and supporting document is true, correct and complete. Any misrepresentation, omission or falsification of facts on the application or supporting documentation may result in immediate dismissal.

Applicant Signature _____ Date _____

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EMPLOYMENT REFERENCE

THE PERSON BELOW HAS APPLIED FOR A POSITION WITH CAROLINA HEARTS AND HAS LISTED YOU AS A PREVIOUS EMPLOYER. WE WOULD APPRECIATE YOUR ASSISTANCE IN VERIFYING EMPLOYMENT AND EVALUATING JOB PERFORMANCE. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

APPLICANT SECTION: APPLICANT TO FILL OUT THIS SECTION

I AUTHORIZE THE PERSON OR COMPANY COMPLETING THIS FORM TO RELEASE ALL INFORMATION REGARDING MY EMPLOYMENT WITH THEM. I RELEASE AND HOLD HARMLESS ANY INDIVIDUAL, OR COMPANY WHICH IS PROVIDING THIS INFORMATION, BOTH FACTUAL AND OPINION, TO CAROLINA HEARTS, FROM ANY LEGAL LIABILITY AND FROM ANY DAMAGES THAT MAY RESULT FROM THE DISCLOSURE OF THIS INFORMATION.

APPLICANTS SIGNATURE

DATE

APPLICANT NAME: _____
(PRINT)

FACILITY NAME _____ PHONE (____) _____ EXT _____

SUPERVISOR'S NAME AND TITLE _____ PHONE (____) _____ EXT _____

SOCIAL SECURITY # _____ DATES EMPLOYED: FROM _____ TO _____

PAY RATE/HOUR: _____ SALARY _____

EMPLOYER RESPONSE:

RESPONDENTS NAME: _____ POSITION _____
(REFERENCE CONTACT)

DO THE EMPLOYMENT DATES ABOVE CORRESPOND WITH YOUR RECORDS? _____

IF NOT, PLEASE GIVE CORRECT DATES: _____

COMMENTS: _____

POSITION HELD DURING EMPLOYMENT? _____

WAS THIS PERSON EVER DISCIPLINED FOR WORK RELATED CONDUCT OR INCIDENT? _____

COMMENTS: _____

IS THIS PERSON ELIGIBLE FOR REHIRE? _____ YES _____ NO

COMMENTS: _____

REASON FOR LEAVING: _____

RESPONSIBILITIES AND DUTIES: _____

COMMENTS: _____

I acknowledge the above information is true and accurate:

EVALUATOR'S SIGNATURE

TITLE

DATE