



**APPLICATION FOR EMPLOYMENT**  
**EQUAL OPPORTUNITY EMPLOYER**

**PERSONAL INFORMATION**

**DATE:**

|                       |             |       |          |
|-----------------------|-------------|-------|----------|
| Name (Last, First MI) |             | Phone |          |
| Address               | City        | State | Zip Code |
| Email                 | Referred By |       |          |

**EMPLOYMENT DESIRED**

|   |   |   |
|---|---|---|
| Position  | Date you can start                                | Desired Wage  |
| Position type<br>Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> |   | What shifts can you work?<br>1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> |
| Are you currently Employed?   | If so, may we inquire with your present employer? |   |
| Have you worked for Brooks-Howell before?   | If yes, when?                                     |   |

**Have you been convicted of a misdemeanor or felony [other than a minor traffic offense]?** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

**Brooks-Howell has a No-Smoking and a Drug Policy. Do you agree to adhere to these policies?** \_\_\_\_\_

**EMPLOYMENT HISTORY**

|                                |    |                             |       |
|--------------------------------|----|-----------------------------|-------|
| From                           | To | Employer                    | Phone |
| Job Title                      |    | Address                     |       |
| Immediate Supervisor and Title |    | Explanation of Duties       |       |
| Reason for Leaving             |    | Rate of Pay<br>\$ _____ Per |       |

|                                |    |                             |       |
|--------------------------------|----|-----------------------------|-------|
| From                           | To | Employer                    | Phone |
| Job Title                      |    | Address                     |       |
| Immediate Supervisor and Title |    | Explanation of Duties       |       |
| Reason for Leaving             |    | Rate of Pay<br>\$ _____ Per |       |

|                                |    |                             |       |
|--------------------------------|----|-----------------------------|-------|
| From                           | To | Employer                    | Phone |
| Job Title                      |    | Address                     |       |
| Immediate Supervisor and Title |    | Explanation of Duties       |       |
| Reason for Leaving             |    | Rate of Pay<br>\$ _____ Per |       |

**EDUCATION AND TRAINING**

| Name and Location of School  |  | Years Attended | Did you Graduate? | Subjects Studied |
|--|--|----------------|-------------------|------------------|
| High School  |  |                |                   |                  |
| College  |  |                |                   |                  |
| Other: Please list any other qualifications or skills you may have for the position which you are seeking? |  |                |                   |                  |

**PROFESSIONAL REFERENCES**

Please list 3 professional references that can provide us with information about your qualifications to perform the job for which you are applying

| Name | Phone Number | Business/Occupation | Years Known |
|------|--------------|---------------------|-------------|
| 1.   |              |                     |             |
| 2.   |              |                     |             |
| 3.   |              |                     |             |

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

I certify that all the information on this application is correct, complete and true, to the best of my knowledge and belief. I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment. I understand that any false, incorrect, or incomplete statement, specifically including, but not limited to, information related to the applicant's criminal record, may render this application void, and would be cause for dismissal, if employed.

I also understand that, all employment offers will be conditional in nature pending the results of the applicant's criminal history background check (CBC). Brooks-Howell Home, in its sole discretion, will decide whether to convert employment from conditional into regular status after reviewing the contents of the CBC. A prior criminal record will not necessarily disqualify me from employment.

I authorize Brooks-Howell Home to make any investigation and to obtain all lawful information in connection with this application, which it deems necessary to confirm any information on this application. I authorize all employers, references or schools named herein to supply information about me verbally or in writing to Brooks-Howell Home. In consideration for their furnishing such information, I hereby waive any claims against them which may arise from their furnishing it.

Nothing in this application constitutes an offer of employment or a contract of employment. I understand that if I am employed by Brooks-Howell Homes, there is no employment contract for a definite duration. I understand that my employment is at-will, that I have a right to terminate my employment at any time for any reason, with or without notice, and the Home has similar right. I understand that no company policy, practice, or statement by any company representative shall limit or alter this at-will relationship. I understand that the rules, regulations, policies, practices and procedures of Brooks-Howell Home are advisory in nature and may be changed by the Home at any time without notice.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Brooks- Howell Home Consent Agreement

As a prerequisite to employment, I hereby agree to allow Brooks-Howell home to collect urine samples from me to determine the presence of drugs and/or alcohol in my body. Further, I give my consent to the release of my test results to authorized Brooks-Howell Home management for the appropriate review.

I understand that the results of the drug/alcohol testing of my urine, if positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by Brooks-Howell Home, I must abide by the terms of Brooks-Howell Home Drug and Alcohol Policy and may be required to submit to testing for the presence of drugs or alcohol for reasons stated in the Brooks-Howell Home policy. I understand that submission to such testing is a condition of employment with Brooks-Howell Home and disciplinary action, up to and including discharge, may result for violating Brooks-Howell Home Drug and Alcohol Policy.

I hereby consent to the administration of the drug and alcohol test and to the terms and conditions of the Consent Agreement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



### NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

### ORIENTATION

*If hired, orientation is on Tuesdays from 8:00 am until 2:00 – 3:00 pm. Please make all arrangements accordingly.*

# This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

## NOTICE:

**Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.**

**Employment Verification.**  **Done.**

For more information on E-Verify, please contact DHS at:

**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA

# Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

**IMPORTANTE:** En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

## A V I S O:

**La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.**

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

**Employment Verification.**  **Done.**

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

**1-888-464-4218**



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# BROOKS-HOWELL

A retirement community that is called, served, and serving still

## Background Check Release

I, \_\_\_\_\_, have applied for employment, volunteer opportunity, or to become a private sitter at Brooks-Howell Home and hereby consent to a background investigation.

I am aware that the investigation will consist of a North Carolina name-based criminal history record information check, in addition to a search of the National Sex Offender registry. If residing in the state of North Carolina for less than 5 years, a fingerprint criminal history check must be performed in the FBI national files.

I hereby authorize and request any person having control of any documents including, but not limited to, criminal and court records that pertain to me, to furnish such documents to Brooks-Howell Home. I understand that the investigative process requires Brooks-Howell Home to receive and release my social security number for the purpose of assessing or verifying pertinent information, and I authorize such receipt and release.

Name: \_\_\_\_\_

Any other Alias or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_

Please list each city and state you've resided in for the last 5 years.

City: \_\_\_\_\_ State: \_\_\_\_ Years of Residency: \_\_\_\_ - \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Years of Residency: \_\_\_\_ - \_\_\_\_

\*Please use back of form for additional listings.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**AUTHORITY FOR RELEASE OF INFORMATION**  
**State Access Only**  
**Name Check Access**

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with BROOKS-HOWELL HOME pursuant to HEALTH CARE PROVIDER - STATE ONLY - NCGS 114-19-3.

(Type or print clearly)

|           |       |        |        |
|-----------|-------|--------|--------|
| Last Name | First | Middle | Maiden |
| _____     | _____ | _____  | _____  |

|                                       |               |       |       |
|---------------------------------------|---------------|-------|-------|
| Social Security Number<br>(Optional*) | Date of Birth | Sex   | Race  |
| _____                                 | _____         | _____ | _____ |

I understand that the North Carolina State Bureau of Investigation, officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a HARD COPY of the results of this criminal history record check to me.

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's/Volunteer's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form must be maintained on file with the above named agency for one year. UPON COMPLETION OF THIS FORM, MAIL A PHOTOCOPY TO THE ADDRESS INDICATED BELOW:

State Bureau of Investigation  
Criminal Information and Identification Section  
Attn: Applicant Unit  
Post Office Box 29500  
Raleigh, North Carolina 27626-0500

**ORI # HCPNH0240 - BROOKS-HOWELL HOME**

HCPNH0240

