

P & W GROUP LLC

215 HORNER STREET
HENDERSON, NC 27536
Phone: 252-436-9543 Fax: 252-436-9545

EMPLOYMENT APPLICATION

PERSONAL

LAST NAME	FIRST NAME	MIDDLE NAME	DATE ()	
STREET ADDRESS	MAILING ADDRESS		HOME PHONE ()	
CITY	STATE	ZIP	COUNTY	CELL PHONE
Are you related to anyone employed for P & W Group LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom: _____ Relationship: _____			Are you legally eligible for employment in the United states? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			When are you available to begin employment? _____	

Position(s) Desired:

- Para-Professional Qualified Professional Associate Professional Volunteer
 Administrative Other: _____
 Full-Time Part-time Availability: _____
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

EDUCATION AND TRAINING

(Original transcripts/degree/diploma will be requested upon employment – copies not accepted – We will copy the original and return it to you immediately)

School Name	Date	Location	Graduate	Course of Study	Type of Degree
High School	____/____-____/____ mm / yy mm / yy		<input type="checkbox"/> Yes <input type="checkbox"/> No		Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
College	____/____-____/____ mm / yy mm / yy	Online: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business Technical	____/____-____/____ mm / yy mm / yy		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate	____/____-____/____ mm / yy mm / yy		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	____/____-____/____ mm / yy mm / yy		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Required Trainings

Although we offer these trainings at no cost to you if you become employed, these trainings are mandatory to maintain employment. You will not receive pay to attend these trainings. These trainings are required annually, regardless of expiration date.

Please check yes if you already have these trainings. If yes, enter expiration dates.

First Aid Yes No Expires: _____ CPR Yes No Expires: _____ NCI or CPI Yes No Expires: _____

Other Trainings

Sign Language Medication Administration Blood Borne Pathogens CAP Competencies Other: _____

License/Registered/Certified:

Applicant Name: _____

EMPLOYMENT HISTORY

You must provide accurate and complete information. Start with your present or most recent employer.
(SEE RESUME IS NOT ACCEPTABLE)

Current or Last Employer: _____ Address: _____ (include city and state)	Job Title: _____ Dates From: _____ Until: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week _____)
Supervisor Name and Title: _____ Telephone: () _____	Starting Salary: _____ Per: _____ Ending Salary: _____ Per: _____
Reason For Leaving: _____	
List major duties: _____ _____ _____	Did you supervise others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how many? _____
May we contact employer before offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other important information: _____
Current or Last Employer: _____ Address: _____ (include city and state)	Job Title: _____ Dates From: _____ Until: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week _____)
Supervisor Name and Title: _____ Telephone: () _____	Starting Salary: _____ Per: _____ Ending Salary: _____ Per: _____
Reason For Leaving: _____	
List major duties: _____ _____ _____	Did you supervise others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how many? _____
May we contact employer before offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other important information: _____
Current or Last Employer: _____ Address: _____ (include city and state)	Job Title: _____ Dates From: _____ Until: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week _____)
Supervisor Name and Title: _____ Telephone: () _____	Starting Salary: _____ Per: _____ Ending Salary: _____ Per: _____
Reason For Leaving: _____	
List major duties: _____ _____ _____	Did you supervise others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how many? _____
May we contact employer before offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other important information: _____

Applicant Name: _____

Typical work activities may include changes in work location, position, duties assigned and work schedules which best fit current needs. No condition of employment is guaranteed, but is subject to change as to best fit the needs of the agency and the individuals served. At some point in your "at will" employment you may be directly involved in this type of activity.

Have you ever been convicted of an offense against the law other than minor traffic violation(s)? Yes No
 A conviction does not mean that you cannot be hired. The offense type, how recently you were convicted, and outcome will be evaluated in relation to the job for which you are applying.

IF YES, explain fully including type, dates, and outcome. (Use additional sheets if necessary)

Check the types of work you will accept:

Fill-in/float Part-time Full-time Work Involving Travel Other: _____ Any

Salary Expectations: \$ _____

From whom or where did you learn of our agency and this vacancy?

PRE-EMPLOYMENT INQUIRIES RELEASE AND CONSENT

In connection with any possible future offers of employment (including contract for services) with **P & W Group LLC**, I, the undersigned, understand and consent that a consumer report which may contain public record information may be requested. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, workers compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. A facsimile or other copy of this release/consent bearing my signature is as valid as the original. For purposes of gathering this information, I agree to supply the following information in addition to the information I supplied in the foregoing application for employment:

(Please print the following information)

Last Name:	First Name:	Middle Name:	Maiden Name:
Current Address:	D.O.B: ____/____/____ mm / dd / yy		SS#: ____-____-____
City/State/Zip:	Driver License #:		

Previous Address (if you resided at the address above for less than five years:

I hereby fully release and discharge the above named employer, their respective affiliates, subsidiaries, directors, officers, employees, agents, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to the above named employer, from all claims and damages arising out of or relating to any investigation of my background for employment purposes. I have the right to make a request, upon proper identification, of all the information obtained from the consumer report agency.

SIGNATURE: _____

DATE: _____

I certify that I have given true, accurate and complete information on this form and the application for employment to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize education institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 140122.1).

 Signature of Applicant (unsigned applications will not be processed)

 Date

Please be aware that P & W Group LLC requires Criminal, DMV, and Health Care Registry record checks as part of our hiring process. Certain positions may also require drug screening, physicals and/or TB tests.