

ELITE CARE SERVICES, INC.

PERSONAL

Last Name		First	Middle	Date
Street Address		Mailing Address		Home Telephone ()
City	State	Zip	County	Business Telephone ()
Are you related to anybody now working for Elite Care Services, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom: _____ Relationship: _____				Social Security Number
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year: _____				
Are you legally eligible for employment in the United States?			When are you available to begin work?	

POSITION(S) DESIRED

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EDUCATION AND TRAINING (Please include copy of transcripts, originals will be required upon employment)

School	Name/Location	Dates Attended From (mo/yr) - To (mo/yr)	Graduate? Yes/No	Course of Study	Type of Degree Received
High School					
College or University					
Business Technical					
Graduate					

Other special training or skills (languages, machine operation, etc.)

Sign Language Foreign Language (specify _____) Braille Skills Dictation
 Medical Transcription Typing (specify wpm _____) Calculator Shorthand
 Software (Circle): Word Excel Desktop Publishing Windows
 Other: _____

List fields of work for which you are licensed, registered, or certified:

Registration _____ State _____ Number _____ Date _____
 Registration _____ State _____ Number _____ Date _____

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

PERSONNEL USE ONLY	DISTRIBUTED TO:

ELITE CARE SERVICES, INC.

Applicant Name: _____

EMPLOYMENT HISTORY (Please give accurate, complete full-time and part-time employment. Start with your present or most recent employer. **(SEE RESUME is not acceptable.)**)

Current or Last Employer:	Job Title:
Address:	Starting Salary \$ Per
Supervisor: Telephone:	Current/Ending Salary \$ Per
Reason for Leaving:	May we contact employer before offer?

Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()	List major duties: _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____
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Employer:	Job Title:
Address:	Starting Salary \$ Per
Supervisor: Telephone:	Current/Ending Salary \$ Per
Reason for Leaving:	

Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()	List major duties: _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____
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Address:	Starting Salary \$ Per
Supervisor: Telephone:	Current/Ending Salary \$ Per
Reason for Leaving:	

Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()	List major duties: _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____
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Employer:	Job Title:
Address:	Starting Salary \$ Per
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Reason for Leaving:	

Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()	List major duties: _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____
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ELITE CARE SERVICES, INC.

Applicant Name: _____

Date: _____

Name 3(three) references who have known you for at least 2 years.

Name _____

Telephone _____ Cell Phone _____

Name _____

Telephone _____ Cell Phone _____

Name _____

Telephone _____ Cell Phone _____

Describe your three best attributes. What do you like about yourself?

1.

2.

3.

What is your personal history or background that is a source of pride to you?

What would you like to be doing in 5 years.

What would be the perfect job for you?

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

___ Yes ___ No (If yes, explain fully on an additional sheet.)

Have you served in the U.S. Armed Forces? ___ Yes ___ No

If yes, were you discharged honorably? ___ Yes ___ No

Are you a member of the Military Reserves? ___ Yes ___ No

Check the types of work you will accept:

___ Permanent Full-Time

___ Permanent Part-Time

___ Temporary Full-Time

___ Temporary Part-Time

___ Work Involving Travel

___ Shift or Split Shift Work

___ Any of the Above

Salary Expectations: \$ _____

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

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 customers served. At some point in your "at will" employment you may be directly involved in this type of activity.

ELITE CARE SERVICES, INC.

PRE-EMPLOYMENT INQUIRIES RELEASE AND CONSENT

In connection with my application for employment (including contract for services) with Elite Care Services, Inc. I, the undersigned, understand and consent that a consumer report that may contain public record information will 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:

(Please print the following information.)

Last Name	First	Middle	Maiden
Current Address:		SS#:	
City/State/Zip:		County:	
Previous Address, If at Above Address Less Than 3 Years:			
Date of Birth:	Race:	Sex:	
Drivers License #:	State of Issue:	Date Issued:	

I hereby fully release and discharge 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 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.

Date: _____ **Signature:** _____

Equal Opportunity Employment Information (This information is voluntary)

Elite Care Services, Inc.'s policy prohibits discrimination based on race, sex, color, creed, national origin, age or handicap. Sex, age or absence of handicap is a bona fide occupational qualification in a small number of jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Ethnic Group
 White (non-Hispanic) Black (non-Hispanic) American Indian (including Alaskan native)
 Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin) Asian (including Pacific Islander)
 Sex: Male Female Are you a U.S. citizen? _____

Handicap: A handicap is any impairment, which substantially limits one or more major life activities. A handicapped person is one who: (i) actually has such impairment; (ii) has a record of such impairment; or (iii) is regarded as having such impairment. Non-handicapped persons should check None.
 The reporting of a handicap is strictly voluntary. Handicapped persons who do not wish to report their handicaps should check None/Prefer not to report.
 Information reported on this form will be maintained only in personnel files, which must be kept confidential under State Law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

- None/Prefer not to report
- Blind or Visually Impaired
- Deaf or Hearing Impaired
- Loss or limited use of arms/legs
- Non/Semi Ambulatory (use of wheelchair)
- Respiratory Impairment
- Nervous System/Neurological Disorder
- Mental Illness/Emotional Disturbance
- Mental Retardation
- Learning Disability
- Other _____

I certify that I have given true, accurate and complete information on this form 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