

Top Priority Care Services, LLC

www.topprioritycareservices.com

APPLICATION FOR EMPLOYMENT

(Please print clearly)

Position Desired: _____ Today's Date: __/__/____

DEMOGRAPHIC INFORMATION

Last Name

First Name

MI

Other last Names (Past 10 Yrs.)

Social Security Number

Address

City/State

Zip

Telephone Number

Alternate Number

Are you at least 18 years old? Yes No

Additional Information

Desired Salary: _____

Date Available to Start Work: __/__/____

Availability: Full-Time

Part-Time

Days/Hours: Mon. _____ to _____ Tues. _____ to _____ Wed. _____ to _____

Thurs. _____ to _____ Fri. _____ to _____ Sat. _____ to _____ Sun. _____ to _____

If required, are you available to work overtime? Yes No

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GENERAL INFORMATION

Please check YES or NO to Each Question. Applications with omissions will not be considered.

<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>	<p>Do you possess a valid driver's license? Number _____ Expiration Date: _____ Issuing State _____ Circle Class: A B C CDL</p> <p>List all traffic violations in the past 3 years which resulted in a conviction or a guilty plea (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated along with all your qualifications in relation to the job for which you are applying.)</p>
<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>	<p>Are you legally eligible to work in the United States? (Proof of identity and eligibility will be required upon hire)</p>
<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>	<p>Have you ever been convicted of a crime under any law? (A conviction will not automatically disqualify you for employment. Rather, such factors as age, date of convictions, seriousness, nature of the crime and rehabilitation will be considered).</p> <p>If yes, please explain and name the county and state:</p>
<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>	<p>Have you ever been the subject of proceedings to suspend or revoke any professional license or certification? If yes, please explain.</p>
<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>	<p>Has any court, board, agency, or professional organization found you guilty of unprofessional conduct, dishonest or fraudulent practice, or incompetence in the practice of any human services related job? If yes, please explain.</p>

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EDUCATION

Name of High School _____

City/State _____

Did you graduate? YES NO

If not, highest school year completed?

Do you have a GED? YES NO

EDUCATION BEYOND HIGH SCHOOL

Name of School	Location of School	Dates Attended (Intended for reference checking)	Did you Graduate? Type of Degree/Certificate Received?	Credit Hours Received
		___/___ to ___/___	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree/Certificate _____	
		___/___ to ___/___	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree/Certificate _____	
		___/___ to ___/___	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree/Certificate _____	
		___/___ to ___/___	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree/Certificate _____	

Professional Credentials

If you hold any professional credentials related to the position for which you are applying, please list each credential and identify the issuing source. Check if n/a

License/Certificate Number	Field or Specialty	Agency & State Issued	Expiration Date

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WORK HISTORY

(Please list your work history for the past 5 years starting with your present employer)

Employer: _____ Job Title: _____

DATE EMPLOYED: _____ DATE SEPARATED: _____ Salary: \$ _____ per _____

Mailing Address: _____

Street

City/State

Zip

Telephone () _____ Supervisor: _____ No. Supervised by You: _____

Duties: _____

Reason for leaving: _____

May we contact your present employer? Yes No (We will only contact if you permit)

Employer: _____ Job Title: _____

DATE EMPLOYED: _____ DATE SEPARATED: _____ Salary: \$ _____ per _____

Mailing Address: _____

Street

City/State

Zip

Telephone () _____ Supervisor: _____ No. Supervised by You: _____

Duties: _____

Reason for leaving: _____

Employer: _____ Job Title: _____

DATE EMPLOYED: _____ DATE SEPARATED: _____ Salary: \$ _____ per _____

Mailing Address: _____

Street

City/State

Zip

Telephone () _____ Supervisor: _____ No. Supervised by You: _____

Duties: _____

Reason for leaving: _____

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PROFESSIONAL REFERENCES

Please complete the following information for three professional references. To Aid in your potential employment, please ensure that all information is accurate and current.

NAME: _____

ADDRESS: _____

CITY: _____

TELEPHONE _____ ALTERNATE _____

BEST TIME (S) TO REACH _____

NAME: _____

ADDRESS: _____

CITY: _____

TELEPHONE _____ ALTERNATE _____

BEST TIME (S) TO REACH _____

NAME: _____

ADDRESS: _____

CITY: _____

TELEPHONE _____ ALTERNATE _____

BEST TIME (S) TO REACH _____

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Attestation

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application or dismissal if I am employed. I also understand that as condition of employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States. A background check of my driving, criminal, credit or other records may be conducted before employment. I permit TPCS to conduct a police and court records investigation of my background if relevant to the job for which I am applying.

In addition, I hereby authorize any and all of my current and previous employers, including the U.S. Government or U.S. Military (if approved by me in the "Employment" section), and other persons, registration and licensing boards, and educational institutions listed on my application, to provide TPCS with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of Federal or State law, I also waive any right I may have to review confidential material or information received by TPCS from a person, employer, or institution.

If hired, I understand that I am required to pass a drug urinalysis test and TB test before employment in accordance with TPCS policy. I understand that I will be assessed the charges for the drug and TB test.

Signature: _____

Date: _____

Internal Use Only:

Interview Date: _____ Interviewer: _____ Job Offered: Accepted Declined Withdrawn

Hire Date: _____ Position Name: _____

Pre-Employment: Drug Screen: ___/___/___ TB: ___/___/___ Background Check: ___/___/___

NC Health Registry ___/___/___

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