

# Preferred Alternatives, Inc.

## APPLICATION FOR EMPLOYMENT

Active for Thirty (30) days only

PLEASE PRINT

Date of Application: \_\_\_\_\_

### PERSONAL INFORMATION

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

Last

First

MI

Maiden (If Applicable)

Present Address \_\_\_\_\_

(Street Number, P.O. Box)

City

ST

ZIP

Previous Address \_\_\_\_\_

(Street Number, P.O. Box)

City

ST

ZIP

Home Phone \_\_\_\_\_ Pager/Cellular Phone \_\_\_\_\_

Emergency Phone No. \_\_\_\_\_ Are you at least age 18?  Yes  No

Do you have the right to work in the United States?  Yes  No If not, why? Explain on Back.

Have you lived in NC for the past 5 years?  Yes  No

Social Security Number \_\_\_\_\_

Position(s) applied for 1. \_\_\_\_\_ 2. \_\_\_\_\_

Rate of Pay expected \_\_\_\_\_ How soon could you report to work? \_\_\_\_\_

Type of employment  Full Time  Part Time  Temporary

What Days and hours can you work? Days (Circle) Mon Tues Wed Thurs Fri Sat Sun

Shifts/Hours

First

Second

Third

Number of hours you can work per week: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

Are you able to lift 50 lbs. or more?  Yes  No

In addition to your work history what other experience, skills or qualifications do you believe would be beneficial to our company? \_\_\_\_\_

Have you ever applied for a job with us before?  Yes  No Have you ever worked for us before?  Yes  No

Have you ever been refused a bond?  Yes  No

If so, state reason and date \_\_\_\_\_

Name \_\_\_\_\_  
 (Personal Information Continued)

Have you ever served in the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No

If Yes, what branch \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharged \_\_\_\_\_

Do you currently have a valid Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been dismissed or asked to resign from any employment? \_\_\_ Yes \_\_\_ No If so, explain on back.

Did any dismissal or requested resignation involve abuse, neglect or any act of aggression? If so, explain on back.

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No Misdemeanor? \_\_\_ Yes \_\_\_ No

Do you have any pending charges against you? \_\_\_ Yes \_\_\_ No

If so, state conviction/charge, date offense occurred and city & state of offense.

(Disclosure will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merit with respect to time, circumstances and seriousness, in relation to the job).

Have you ever been convicted of any traffic violation? \_\_\_ Yes \_\_\_ No If so, what were the violations?

\_\_\_\_\_ Where? \_\_\_\_\_ When \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Are you employed now? \_\_\_ Yes \_\_\_ No Why do you desire a change? \_\_\_\_\_

Have you ever held a position of trust (handling money or confidential material)? \_\_\_ Yes \_\_\_ No

Have you ever been reported to the Health Care Personnel Registry? \_\_\_ Yes \_\_\_ No  
 If yes please give details on back

### EDUCATION

<u>Name and Address of School</u>	<u>Major</u>
High School _____ Circle last year completed: 9 10 11 12	Year Graduated? _____
College/Univ _____ Circle last year completed: 1 2 3 4 5 6	Year Graduated? _____

Name \_\_\_\_\_

**PRIOR WORK HISTORY**

Please describe all work experience beginning with the most recent (use additional paper if needed).

1.	_____	_____	
	Name and Address of Employer	Phone Number	
	_____	_____	_____
	Immediate Supervisor (Name & Position)	Date Hired	Starting Pay
	_____	_____	_____
	Job Titles & Duties	Date Left	Final Pay
	_____	_____	_____
	Reason for Leaving	_____	
	_____	_____	
2.	_____	_____	
	Name and Address of Employer	Phone Number	
	_____	_____	_____
	Immediate Supervisor (Name & Position)	Date Hired	Starting Pay
	_____	_____	_____
	Job Titles & Duties	Date Left	Final Pay
	_____	_____	_____
	Reason for Leaving	_____	
	_____	_____	
3.	_____	_____	
	Name and Address of Employer	Phone Number	
	_____	_____	_____
	Immediate Supervisor (Name & Position)	Date Hired	Starting Pay
	_____	_____	_____
	Job Titles & Duties	Date Left	Final Pay
	_____	_____	_____
	Reason for Leaving	_____	
	_____	_____	

Name \_\_\_\_\_  
(Work History Continued)

4. \_\_\_\_\_

_____	_____	_____
Name and Address of Employer	Phone Number	
_____	_____	_____
Immediate Supervisor (Name & Position)	Date Hired	Starting Pay
_____	_____	_____
Job Titles & Duties	Date Left	Final Pay
Reason for Leaving _____		

**TWO WORK REFERENCES**

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Type of Reference \_\_\_ Personal \_\_\_ Work

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Type of Reference \_\_\_ Personal \_\_\_ Work

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_



**Corporate Office**  
P.O. Box 44105  
Fayetteville, NC 28309  
Phone: 910-483-5744  
Fax: 910-433-2942

**Tailored Supports for People**

Name \_\_\_\_\_

Please explain why you would like to work for Preferred Alternatives, Inc.:

Name \_\_\_\_\_

Preferred Alternatives, Inc is an equal opportunity employer and selects the best matched individual for the job based upon job related qualifications regardless of race, color, creed, sex, age, national origin, handicap, or other protected group under state, federal equal opportunity laws.

**I understand and agree:**

- 1) The company intends to check and hold me responsible for the accuracy of the statements made on this application. Any material misrepresentation or deliberate omission of a fact in the application may be justification for refusal of, or if employed, termination from employment.
- 2) Preferred Alternatives will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, and/or oral interviews. I authorize such investigation and the exchange of information requested by Preferred Alternatives and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired may subject me to immediate dismissal.
- 3) I authorize any physician or hospital to release any information, which may be necessary to determine my ability to perform the duties of a job for which I am being considered. After a conditional offer of employment has been made with Preferred Alternatives, I further understand and agree
- 4) To take a medical examination and/or drug screening by a qualified physician at the discretion of my employer.
- 5) That, although management makes every effort to accommodate individual preferences and religious beliefs, business needs, at times, may require overtime, shift work, rotating work schedules and locations, holiday work or a work schedule other than Monday through Friday, and I accept these as conditions of my continuing employment.
- 6) That this is an application for employment and that no employment contract is offered or implied.
- 7) That if I become employed, such employment is for no definite period of time and that Preferred Alternatives may change wages, benefits and conditions of employment at any time.
- 8) That if I become employed or receive a job status change after employment, I will serve a 90-day conditional employment period.
- 9) If hired, you may be asked to sign a non-compete contract under company policy.

I have read, understand, and agree to the above conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This application will be kept in our active file for 30 days. You must reactivate your application after that time by reapplying in person.



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## BACKGROUND INVESTIGATION CONSENT

I \_\_\_\_\_ hereby grant consent for Preferred Alternatives, Inc. to perform a complete background investigation as terms of my employment. I understand this investigation may include but is not limited to my driving record, criminal record, and researching my references. Further, I understand that some negative information may eliminate my eligibility for employment with Preferred Alternatives, Inc. and shall not be considered discrimination. I understand this background check is a condition of employment under Preferred Alternatives, Inc. policies and procedures.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date



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## CONSENT TO DRUG SCREENING

I \_\_\_\_\_ consent to a drug screening as terms of my  
(Print name)  
possible employment with this company. Further, I do understand that I may be  
subject to random drug screening at any given time during my employment. I  
also understand that failure to comply with the drug-screening program may be  
cause for disciplinary action up to and including termination. I do understand that  
a positive drug screening may be cause for termination or denial of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



P.O. Box 6
501 North 35th Street
Morehead City, NC 28557
Phone: 252-247-0166
Fax: 252-247-4668

Tailored Supports for People

Employee Reference Check

Name of Applicant: \_\_\_\_\_

Name of Reference Source: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

- 1. When did he/she work for your agency? From \_\_\_\_\_ To \_\_\_\_\_
2. What was his/her job when hired? \_\_\_\_\_
3. What position did he/she hold upon leaving? \_\_\_\_\_
4. Was his/her work satisfactory? \_\_\_\_\_
5. What was his/her attitude toward work and fellow workers and supervisors? \_\_\_\_\_
6. How was his/her attendance and punctuality? \_\_\_\_\_
7. What was his/her strong points? \_\_\_\_\_
8. What were his/her weak points? \_\_\_\_\_
9. Why did he/she leave your agency? \_\_\_\_\_
10. Would you re-employ individual? \_\_\_\_\_ if no, why? \_\_\_\_\_
11. Please describe his/her clinical and administrative skills: \_\_\_\_\_
12. Has he/she ever received any disciplinary or reprimand actions? \_\_\_\_\_
If yes, why? \_\_\_\_\_
13. Was employee punctual in meeting task assignments? \_\_\_\_\_
14. Did employee complete paperwork in a timely manner? \_\_\_\_\_
15. On a scale of 1-10 (with 10 being the highest) rate the employee's performance \_\_\_\_\_
16. How did the employee accept supervision? \_\_\_\_\_
17. How did the employee utilize supervision? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Signature

Title

Date



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## Employee Reference Check

Name of Applicant: \_\_\_\_\_

Name of Reference Source: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

4. When did he/she work for your agency? From \_\_\_\_\_ To \_\_\_\_\_

5. What was his/her job when hired? \_\_\_\_\_

6. What position did he/she hold upon leaving? \_\_\_\_\_

4. Was his/her work satisfactory? \_\_\_\_\_

5. What was his/her attitude toward work and fellow workers and supervisors? \_\_\_\_\_

7. How was his/her attendance and punctuality? \_\_\_\_\_

7. What was his/her strong points? \_\_\_\_\_

8. What were his/her weak points? \_\_\_\_\_

13. Why did he/she leave your agency? \_\_\_\_\_

14. Would you re-employ individual? \_\_\_\_\_ if no, why? \_\_\_\_\_

15. Please describe his/her clinical and administrative skills: \_\_\_\_\_

16. Has he/she ever received any disciplinary or reprimand actions? \_\_\_\_\_

If yes, why? \_\_\_\_\_

18. Was employee punctual in meeting task assignments? \_\_\_\_\_

19. Did employee complete paperwork in a timely manner? \_\_\_\_\_

20. On a scale of 1-10 (with 10 being the highest) rate the employee's performance \_\_\_\_\_

21. How did the employee accept supervision? \_\_\_\_\_

22. How did the employee utilize supervision? \_\_\_\_\_

*Additional Comments:* \_\_\_\_\_

\_\_\_\_\_

Signature

Title

Date