

Carolina Health Professionals, Inc. 704-872-2388 or 704-663-7037  
206 Cooper Street Suite 117, Statesville, NC 28677  
Circle One: RN LPN CNA1 CNA2

### PRE EMPLOYMENT STATEMENT

Name \_\_\_\_\_ Phone# \_\_\_\_\_

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

Social Security number \_\_\_\_\_ Emergency/pager/cell phone \_\_\_\_\_

Are you a US citizen? \_\_\_\_\_ Green card? \_\_\_\_\_

Are you currently licensed or registered for a profession in North Carolina? \_\_\_\_\_

If yes, give professional license number: \_\_\_\_\_

Do you hold a valid drivers license? \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Do you have a car? \_\_\_\_\_ Do you have auto insurance? \_\_\_\_\_

Auto Insurance Policy Number & Company \_\_\_\_\_

#### Employment history

<u>Dates employed</u>	<u>Employer name</u>	<u>position</u>	<u>salary</u>	<u>Reason for leaving</u>
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Education: Please give the names of schools, dates attended, majors and degrees:


Work desired: Part Time \_\_\_\_\_ Full time \_\_\_\_\_ PRN \_\_\_\_\_

Availability \_\_\_\_\_

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Wages or Salary expected: \_\_\_\_\_ What date can you start work? \_\_\_\_\_

I understand that this application will receive consideration for employment without regard to race, creed, sex or national origin.

In the last 5 years, have you been convicted of any moving traffic violations?      yes              no

Have you been involved with more than 1 automobile accident in the last 7 years?              yes              no

In the last 7 years have you been convicted of Driving While Impaired or drug related convictions?    yes    no

Have you ever been convicted of a felony?              yes              no

How long have you lived in North Carolina?    \_\_\_\_ years \_\_\_\_ months

I understand and give my permission for CHP to obtain a criminal background check and an annual DMV report. I understand that my offer of employment as well as my continuance of employment is subject to the results of these reports both initially as well as ongoing.

ALL INFORMATION I HAVE PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFYING MY APPLICATION WILL PREVENT ME FROM GAINING EMPLOYMENT WITH CHP OR CONTINUING EMPLOYMENT.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date \_\_\_\_\_

pre emp stmt  
05/31/2005



## PRE-EMPLOYMENT REFERENCE REQUEST AND RELEASE

I hereby release from all liability and authorize my previous employers, personal references listed, and other persons or institutions to provide Carolina Health Professionals, Inc. the information requested.

Applicants signature: \_\_\_\_\_ SS# \_\_\_\_\_

Name of Applicant (please print) \_\_\_\_\_

Please send this reference to: \_\_\_\_\_  
(name of person to send it to)

At: \_\_\_\_\_ Phone# \_\_\_\_\_  
(Name of company you worked for)

Address \_\_\_\_\_

Date you were employed from: \_\_\_\_\_ To \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_

**\*\*\*\*\*Applicant, please do not write below this line\*\*\*\*\***

	E x c e l l e n t	G o o d	A d e q u a t e	U n s a t i s f a c t o r y	U n a b l e t o E v a l u a t e
A b i l i t y t o w o r k w i t h o t h e r s					
A c c e p t a n c e o f S u p e r v i s i o n					
A t t e n d a n c e					
C o o p e r a t i o n					
C o m m o n S e n s e					
Q u a l i t y o f T e c h n i c a l w o r k					
R e a s o n f o r l e a v i n g :					
W o u l d y o u r e h i r e ? <span style="margin-left: 100px;">I f n o , w h y ?</span>					
C o m m e n t s :					
S i g n a t u r e		T i t l e		D a t e	

