

**Omega Home Care Agency**  
**213 East North Street**  
**Warsaw, NC 28398**  
**910-293-4613 office - 910-293-7425 fax**

*Application for Employment*

**Personal Information:**

Name: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Phone# \_\_\_\_\_ Referred By: \_\_\_\_\_  
Are you 18 years of age or older: \_\_\_\_yes \_\_\_\_No

**Employment Desired:**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_  
Salary Desired: \_\_\_\_\_ Are you employed Now? \_\_\_\_Yes \_\_\_\_No  
Ever Applied to Omega Home Care Agency Before? \_\_\_\_Yes \_\_\_\_No  
Where: \_\_\_\_\_ When? \_\_\_\_\_

<b>Education:</b>	<b><u>Name &amp; Location of School</u></b>	<b><u>Circle Last</u> <b>Yr Completed</b></b>	<b><u>Graduate?</u> <b>(Y/N)</b></b>	<b><u>Subjects Studied/ Degree(s)</u></b>
Grammar School:	_____	(1,2,3,4)	(Y/N)	_____
High School:	_____	(1,2,3,4)	(Y/N)	_____
College:	_____	(1,2,3,4)	(Y/N)	_____
Trade/Business/ Correspondence School:	_____	(1,2,3,4)	(Y/N)	_____

**General:**

Subjects of Special Study or Research Work:

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Job Related Skills (Typing, Driver's License, etc.)

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Activities Other Than Religion:

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**Previous Employment:**

Month & Year To/From:	Previous Employer	Address	Position	Salary	Reason for leaving

**References:**

Name:	Address:	Years known:	Phone Number:

If you are to be hired by the company, you will be required to attest to your identify and employment eligibility, and to present documentations confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

**Authorization:**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, dismissal if I have been employed, no matter when discovered by Omega Home Care Agency.

I understand that any employment is conditioned on a background check. I authorize the company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the company, without giving me prior notice of such disclosure. In addition, I release the Agency, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Agency. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing.**

If I am offered employment I agree to submit to a medical and drug test at any time deemed appropriate by the Agency and as permitted by law. I consent to such examinations and tests, and I request that the examine doctor disclose to Omega Home Care Agency the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by Omega Home Care Agency's drug and alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate Omega Home Care Agency to hire. If hired, I agree to abide by all Agency work rules, policies and procedures. The Agency retains the right to revise its policies and procedures, in whole or in part, at any time.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_