



THE COTTAGES OF SWANSBORO

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for The Cottages of Swansboro before? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

School	Name and Address of School	Courses Taken	Did You Graduate?	Degree, or Certificate Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date ____/____/____	
Lab / X-Ray / Nursing Training Other classes/ Training			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date ____/____/____	

Previous Employment

Company: _____ Phone: _____
 Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

If Applying for Nurse, CNA, or MedTech/MedAid position:

CNA: how long have you been certified as a CNA? _____ years _____ months
Med Tech: how long have you been a Med Tech? _____ years _____ months

Authorization (Important: Please Read):

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize the investigation of statements contained herein and references and employers listed above may give the Cottages of Swansboro any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of this information. I agree that if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, is conditions of hire and continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that my employment is "at will" and may be terminated by myself or the Cottages of Swansboro at any time for any reason or no reason at all with or without prior notice. The Cottages of Swansboro is an equal opportunity employer and this waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature: _____ Date: _____

The Cottages of Swansboro **Drug Test Consent Agreement**

I voluntarily consent to drug testing by The Cottages of Swansboro as a condition of employment. Furthermore, I release The Cottages of Swansboro from any liability incurred from this testing requirement.

Signature: _____ Date: _____