

APPLICATION FOR EMPLOYMENT
The United Methodist Retirement Homes, Inc.
 2600 Croasdaile Farm Parkway, Suite A-500, Durham, N. C. 27705
Croasdaile Village Corporate Cypress Glen Wesley Pines Quail Haven Village

If you plan to print this application and mail it, please do a print preview first and adjust your margins if all of the information is not shown.

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, veteran status, marital status, sexual orientation, or any other characteristic protected by law. We are an equal opportunity employer.

Personal Information

First Name:		Last Name:	
Address:			
City:		State:	
Zip:		Phone:	
E-mail:			
Desired Department	Any		
If Other:			
Shifts Available to Work	1st 2nd 3rd Any		
Schedules Available to Work	Full time Part time PRN Per Diem Any		
Have you ever worked here before?	No Yes, When		
Have you ever applied for a job here before?	No Yes, When		
Are you related to anyone who works here?	No Yes, Who		

Employment History

Please list chronologically, beginning with most recent experience.

Employer:		Address/City:	
From (MM/YYYY):		To (MM/YYYY):	
Supervisor:		Phone:	
Salary:			

Workshops, Institutes and or Special Training

Personal Information

Member of the Drug-Free Workplace Network. Pre-Employment Drug Testing is a Requirement.

Are you legally eligible for employment in the U.S.?	Yes	No
Are you at least 18 years of age?:	Yes	No
Are you a veteran?	Yes	No
Briefly describe skills you may have that you acquired in other employment or armed forces:		
Have you ever been convicted of a crime (felony)?:	Yes	No
If yes, give details: (Convictions are not automatic bar to employment)		
If you are experienced operator of any office machines or equipment, please list:		
Do you have any other skills you wish to mention?:		
Are you presently employed?:	Yes	No
If so, may we contact your present employer?:	Yes	No
If hired, when would you be available?:		

Employment References

List individuals familiar with your job qualifications (No relatives or personal friends).

1) Name of Reference:		2) Name of Reference:	
Occupation:		Occupation:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:		Phone:	
Relationship:		Relationship:	
How long known:		How long known:	

ALL APPLICANTS MUST COMPLETE AND SIGN THE SECTION BELOW

COURT RECORD RELEASE FORM

All applicants applying for positions (exempt and non-exempt) at The United Methodist Retirement Homes, Inc., must agree to an extensive screening process which includes a court record check.

Conviction of a crime does not automatically disqualify an individual from employment at The United Methodist Retirement Homes, Inc. In each case, The United Methodist Retirement Homes, Inc. examines the nature of the conviction, time elapsed since the conviction, and the type of job in question. Dependent on all of the circumstances, a decision is made whether to extend a job offer or continue an already hired employee.

It is very important that all applicants complete the form fully and accurately; therefore, consider your answers carefully. OMISSION OF ANY INFORMATION WILL BE DEEMED FALSIFICATION AND WILL REQUIRE THAT AN APPLICATION BE DEACTIVATED OR AN ALREADY HIRED EMPLOYEE BE TERMINATED.

Have you ever been convicted of ANY offense other than a traffic offense? (This includes felonies or misdemeanors. An example of a common misdemeanor is ..."Worthless Check".) YES NO

If yes, please explain the nature of the crime, date, and place. If more space is needed, use an additional sheet of paper. EXPLANATION

IF HAND WRITTEN, PRINT LEGIBLY ALL INFORMATION REQUESTED BELOW

Last Name

First Name

Middle/Maiden Name

Former Names or Other Names Used

Current Address: Number and Street Address

City/State/Zip

Previous Address

I HEREBY AUTHORIZE THE UNITED METHODIST RETIREMENT HOMES, INC. TO INVESTIGATE ALL STATEMENTS MADE BY ME ON THIS FORM AS WELL AS INFORMATION FURNISHED BY ME ON MY EMPLOYMENT APPLICATION. I AUTHORIZE ANY AND ALL POLICE AND LAW ENFORCEMENT AGENCIES, COURTS, OR OTHER AGENCIES AS MAY BE CONTACTED TO RELEASE ANY RECORDS OR INFORMATION WHICH MAY BE BEARING UPON CONVICTIONS RELATIVE TO ME. I HEREBY RELEASE ABOVE AGENCIES FROM ANY AND ALL LIABILITY IN CONJUNCTION WITH THE RELEASE OF SAID RECORDS OR INFORMATION

Full Signature

Date

AGREEMENT (Please read the following statements carefully)

I certify that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may be considered justification for dismissal if discovered at a later date. I further agree, upon request, to take a drug screen. I understand that if I do not successfully pass this drug screen that an offer of employment will not be extended and I may be terminated if I am already employed. I agree that personnel policies, regulations and work schedules are subject to unilateral changes; and I, as an employee, have no legitimate expectations that any particular policy, regulations and work schedules shall remain in force. I further authorize The United Methodist Retirement Homes, Inc. to determine my suitability for employment, to conduct a personal background investigation and authorize any law enforcement agency, educational institution, government agency, former or present employers and individuals to furnish any or all available information pertaining to me. I release The United Methodist Retirement Homes, Inc. and any individual or organization providing information from any liability in connection with this background investigation.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I also understand that no management official other than the Executive Director of The United Methodist Retirement Homes, Inc. has any authority to enter into any agreement contrary to the foregoing or make any oral assurances or promises of continued employment.

Full Signature	Date	
VOLUNTARY AFFIRMATIVE ACTION INFORMATION		
The United Methodist Retirement Homes, Inc., is committed to the employment and advancement of minorities, females, and individuals with disabilities and veterans. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our company's Affirmative Action Plan . You may inform us of your desire to benefit under the program at this time and/or any time in the future.		
Name		
Gender:	Male	Female
Indicate The Appropriate Race/Ethnic Group:	White	
How Were You Referred To This Job:	Select...	
PLEASE NOTE: COMPLETION OF THIS PART OF THE APPLICATION IS VOLUNTARY. We consider all applicants for positions without regard of race, religion, sex,. national origin, citizenship, age. mental Or physical disabilities, veteran/reserve/national guard or any other similarly, protected status. We also comply with all applicable laws, governing employment practices and do not discriminate on the basis of any unlawful criteria.		
Please read carefully before submitting your application		
All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information, I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)		
Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed written document. We have a policy of no smoking on the premises. Check this box to certify that you have read and accept the above statement.		
<input type="checkbox"/>		

DIRECTIONS FOR SUBMITTING THIS FORM:

Please choose the way that is best for you.

1. Fill out the form, then print and Mail.
2. Fill out the form, then print and Email.
3. Transfer this form electronically by using the Submit Button. However, since many mailboxes are configured differently, you may have to save the completed copy to your desktop and then attach it to an Email.