



**Stanly County**  
 907 B North 2<sup>nd</sup> Street Albemarle, NC 28001  
 Phone: (800) 762-3637 • (704) 983-5644



**Stanly County**  
 907 A North 2<sup>nd</sup> Street, Albemarle, NC 28001  
 Phone: (800) 222-6819 • (704) 982-2273

**Montgomery County**  
 1061 Albemarle Road, Troy, NC 27371  
 Phone: (800) 230-1798 • (910) 572-3800

## APPLICATION FOR EMPLOYMENT

**TO BE CONSIDERED FOR EMPLOYMENT, ALL QUESTIONS MUST BE ANSWERED ACCURATELY & COMPLETELY.  
 PRINT CLEARLY IN BLACK INK & PRINT.**

*If you need any assistance or accommodation during this application process, please let us know.*

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Day Time Phone: (\_\_\_\_) \_\_\_\_\_

Company Applied to:  AMI  HCC  Both Social Security Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Expected Salary: \_\_\_\_\_

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying, with our without reasonable accommodation:  Yes  No

Are you 18 years or older:  Yes  No

Have you been convicted of a crime other than a minor traffic violation:  Yes  No  
 If Yes, please explain: \_\_\_\_\_

Have you been a resident of North Carolina for the past 10 years?  Yes  No

How were you referred to AMI & HCC: \_\_\_\_\_

<input type="checkbox"/> AMI or HCC Employee	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Walk In
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Employment Security Commission	<input type="checkbox"/> Other
<input type="checkbox"/> Professional Journal Ad	<input type="checkbox"/> School	

Status Preferred:  Full Time  PRN  Part Time  Other

Date Available: \_\_\_/\_\_\_/\_\_\_

Days Available for Work: \_\_\_\_\_

Hours Available for Work: \_\_\_\_\_ to \_\_\_\_\_

Can you work weekends?  Yes  No Can you take call?  Yes  No

Have you ever applied or worked for any of the Stanly Health Services Entities?

	Applied to:	Worked for:	Dates:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	From	To
Home Care of the Carolinas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Alliance Medical, Inc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Stanly Regional Medical Center	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Stanly Manor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Stanly Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

**EMPLOYMENT RECORD: LIST THE MOST RECENT OR CURRENT POSITION FIRST**

Employer: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_  
Address: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
\_\_\_\_\_  
Job Title: \_\_\_\_\_  Full Time  Part Time  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_  
Address: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
\_\_\_\_\_  
Job Title: \_\_\_\_\_  Full Time  Part Time  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_  
Address: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
\_\_\_\_\_  
Job Title: \_\_\_\_\_  Full Time  Part Time  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

If you have additional employment experience, please list it on an additional sheet.

**EDUCATION RECORD:**

High School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Number of Years Completed: \_\_\_\_\_ Did You Graduate: Yes No Date Last Attended \_\_\_\_\_

College: \_\_\_\_\_  
Address: \_\_\_\_\_  
Number of Years Completed: \_\_\_\_\_ Did You Graduate: Yes No Date Last Attended \_\_\_\_\_  
Type of Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

**PROFESSIONAL LICENSURE:**

License Name: \_\_\_\_\_ Date Issued: \_\_/\_\_/\_\_\_\_ State:\_\_\_\_ License# \_\_\_\_\_ Exp Date: \_\_/\_\_/\_\_\_\_  
Have you ever had a professional or technical license suspended or revoked? Yes No  
If Yes, please explain: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

List any scholastic or professional honors achieved: \_\_\_\_\_  
\_\_\_\_\_  
Indicate any volunteer work or any other related information you think may be helpful: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

List 3 references (not relatives) – Name, Address, Telephone Number, Number of Years Known:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**EQUAL OPPORTUNITY POLICY STATEMENT:**

Alliance Medical, Inc. and Home Care of the Carolinas administers all employment activities without regard to race, color, religion, national origin, age, disability or sex except where exempt. **AMI & HCC is an Equal Opportunity Employer.**

**READ CAREFULLY BEFORE SIGNING:**

I certify that the information I have provided is true and complete. I understand that any false statement, misrepresentation or willful omission of facts on this application may result in rejection of this application or dismissal from employment.

I understand that if I am employed with AMI or HCC, my employment will be conditional subject to verification of my statements, receipt of satisfactory references, and successful completion of all pre-employment requirements.

I understand that all employment with AMI or HCC is "at will" without a fixed term employment, and that my employment and compensation can be terminated with or without cause, and with or without notice, and any time by either AMI or HCC or myself, unless there is a written contract stating otherwise, signed by the President/CEO or designee and affirmatively approved by AMI or HCC legal counsel.

I grant permission for AMI or HCC to investigate and verify my employment history, performance and character, and release from liability or damage those individuals, school, companies, bureaus and/or agencies that provide such information. Upon my termination, I authorize the release of information as to my work performance, character and reason for my leaving, and I release AMI or HCC from any and all liability resulting from such release of information.

I am aware that AMI and HCC is committed to providing a drug-free workplace which promotes the health, safety, and welfare of patients and employees. I understand that all job applicants at AMI and HCC must pass a drug test. I also understand that if I am offered a job with AMI or HCC and I accept the job, then I will be subject to the AMI & HCC Substance Abuse Policy. This policy includes random drug testing, a drug and alcohol testing for cause and post-accident testing. Employees who refuse to comply with any request for urine, breath, and/or blood specimen or otherwise fail or refuse to abide by the policy will be disciplined, up to and including termination.

All employment offers will be conditional in nature, pending the results of the applicant's criminal background check (CBC). AMI or HCC in its sole discretion, will decide whether to convert employment from conditional into regular status after reviewing the contents of the CBC. A prior record will not necessarily disqualify you from employment.

Providing false information on this application specifically including, but not limited to a prior criminal record may result in discharge from employment.

By signing your name on this application form, you affirm that your answers on this application are true, correct and complete.

I have read and understand the above statements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



Alliance Medical, Inc.  
[www.amiservices.com](http://www.amiservices.com)

Please fax your completed application to the  
HR Coordinator at (704) 986-4445.

An Equal Opportunity Employer.



Home Care of the Carolinas  
[www.hccservices.com](http://www.hccservices.com)