



# Employment Application

Position applying for: _____	Work Status (full-time, part-time, PRN). _____
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### General Information

Name (Last, First, Middle Initial)		Social Security No.	Date of Birth
Mailing Address	City	State	Zip Code
Home Phone No.	Cell/Other Phone No.	Email Address	

Can you provide proof, if hired, that you are eligible to work in the United States?  Yes  No

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)

How did you learn about this opening? \_\_\_\_\_

Do you have any health conditions or physical limitations that would prevent you from performing physical interventions or any other tasks the position may require?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Do you have a NC Drivers License?  Yes  No License No. \_\_\_\_\_

Have you been a resident of NC for 5 years or more?  Yes  No

### Education and/or Training

Did you graduate from high school or receive a GED Certificate?  Yes  No

SCHOOL NAME AND LOCATION <small>(college, business, nursing, vocational, or other)</small>	Field		Did you graduate?	Diploma or degree earned
	Major	Minor		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education/training/skills:

Computer skills (hardware & software):

Current professional license/certificate/registration:

Related volunteer experience:

### Character References:

List name, telephone number, relationship, and years known of one personal and two business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you.

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## NEW EMPLOYEE INFORMATION

Please bring the following documents to the Sunpath LLC Administrative Office, as they are required to confirm/continue your employment. Thank you.

- \_\_\_\_\_ HS Diploma/College Degree
- \_\_\_\_\_ Copy of Social Security Card
- \_\_\_\_\_ Copy of Driver's License
- \_\_\_\_\_ Proof of Auto Liability Insurance
- \_\_\_\_\_ Drug Screening (Pink Copy)
- \_\_\_\_\_ Copy of Licensure (if applicable)

### TRAINING CERTIFICATIONS

(Bring copies of the below items you have already completed  
Otherwise, they will need to be completed)

- \_\_\_\_\_ Client Rights/Confidentiality (yearly)
- \_\_\_\_\_ HIPAA
- \_\_\_\_\_ First Aid (3 years)
- \_\_\_\_\_ Medication Administration (yearly)
- \_\_\_\_\_ CPR (yearly)
- \_\_\_\_\_ NCI (yearly)
- \_\_\_\_\_ Blood-borne Pathogens (yearly)
- \_\_\_\_\_ Current Medical Exam (yearly)
- \_\_\_\_\_ Current TB Test (yearly)
- \_\_\_\_\_ Service Specific Training (i.e. 20hr CS training)