



## EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2. Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

3. Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## REFERENCES

Name	Relationship	Home Phone	Daytime Phone

## ACKNOWLEDGEMENT

I certify that the answer given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must satisfied for an offer to be made.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

LAKWOOD CARE CENTER  
P.O. BOX 177  
DENVER, N.C. 28037

**EMPLOYMENT APPLICATION**

**MEDICAL HISTORY**

**Do you have any medical problems that would prevent you from performing weight lifting and transfer duties? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain:**

**Have you ever had any previous back, neck, arm, shoulder injury or surgeries? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:**

**Have you ever received or filed workman's compensation benefits?**

**If yes, please explain:**

**The above information is true and is answered to the best of my ability. I understand that if I am hired I will be placed on a 90-day probationary period. At the end of 90 days the Administrator had the option to release me from my position or to offer me permanent status with the company. I understand my application will be kept on file for a period of 6 months.**

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

**Office use only:**

**Reference Check:**

**Past employment experience checked:**

**Declined:**