

Companion Health Care, Inc.
243 Sloan Road
Franklin, NC 28734
(828)524-6444

TODAY'S DATE: _____

NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

HOW LONG HAVE YOU BEEN AT CURRENT ADDRESS? _____

IF LESS THAN FIVE YEARS, LIST PREVIOUS ADDRESS: _____
STREET

CITY STATE ZIP

PHONE NUMBER: _____
HOME CELL

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

HOW DID YOU HEAR ABOUT OUR COMPANY? _____

ARE YOU CURRENTLY REGISTERED AS A CNA ON THE N.C. NURSE AIDE REGISTRY? YES ___
NO ___

IF NO: HAVE YOU DONE ANY CNA/ PCA WORK? _____

CPR? YES ___ NO ___ EXPIRATION DATE: _____

WHY ARE YOU INTERESTED IN WORKING FOR COMPANION HEALTH CARE INC?

DO YOU OWN A CAR? _____

WHAT HOURS DO YOU PREFER TO WORK? _____

DO YOU PREFER FULL OR PART TIME? _____

HAVE YOU BEEN CONVICTED OF A FELONY? YES ___ NO ___

IF YES, EXPLAIN: _____

ARE YOU AVAILABLE FOR WEEKEND WORK? _____

THE FOLLOWING QUESTION IS TO HELP US PUT YOU IN A POSITION THAT WE FEEL WILL BE MOST BENEFICIAL TO YOU. IT IS NOT USED TO DETERMINE IF YOU WILL BE HIRED OR NOT.

DO YOU HAVE OR HAVE YOU EVER HAD ANY MEDICAL CONDITION, PHYSICAL, HANDICAP OR IMPAIRMENT? YES ___ NO ___

IF YES, WHAT?

EMPLOYMENT HISTORY

1. Employer: _____
Date Hired: _____ Date Left: _____
Phone: _____
Duties: _____
Reason for leaving: _____

2. Employer: _____
Date Hired: _____ Date Left: _____
Phone: _____
Duties: _____
Reason for leaving: _____

3. Employer: _____
Date Hired: _____ Date Left: _____
Phone: _____
Duties: _____
Reason for leaving: _____

Please list three (3) personal references that are not related to you and have known you at least one (1) year. All must have different addresses and cannot be someone who lives in the same house as you.

1. Name: _____
Address: _____
Relationship: _____ Phone: _____

2. Name: _____
Address: _____
Relationship: _____ Phone: _____

3. Name: _____
Address: _____
Relationship: _____ Phone: _____