

SOLARIS HEALTHCARE CHARLOTTE HARBOR
EMPLOYMENT APPLICATION

NAME: _____ **DATE:** _____
(Last) (First) (Middle)

ADDRESS: _____ **E-mail:** _____
(Street)

_____ **TELEPHONE #:** _____
(City) (State) (Zip)

SSN #: _____ **PROFESSIONAL LICENSE #:** _____

CHECK POSITION OPTION: FULL-TIME PART-TIME **HOW WERE YOU REFERRED?** _____

DESIRED POSITION: _____ **SALARY EXPECTED:** _____

- HAVE YOU EVER WORKED FOR SOLARIS HEALTHCARE? YES NO
IF YES, WHEN AND WHERE? _____
- DO YOU HAVE ANY RELATIVES WORKING FOR SOLARIS HEALTHCARE? YES NO
IF YES, NAME AND POSITION HELD: _____
- ARE YOU 18 YEARS OF AGE, OR OLDER? YES NO IF NO, LIST YOUR DATE OF BIRTH: _____
- IF YOU ARE EMPLOYED, CAN YOU SUBMIT PROOF OF CITIZENSHIP? YES NO
- IF YOU ARE NOT A CITIZEN, CAN YOU SUBMIT DOCUMENTS AFTER EMPLOYMENT
SHOWING YOUR LEGAL RIGHT TO PERMANENTLY WORK IN THE UNITED STATES? YES NO
- HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
(A CONVICTION WILL NOT NECESSARILY BAR AN APPLICANT FROM A POSITION.)
- DO NOT ANSWER THIS QUESTION UNTIL YOU HAVE REVIEWED A LIST OF JOB
RELATED FUNCTIONS REQUIRED BY THIS POSITION.
DO YOU HAVE ANY PHYSICAL CONDITIONS THAT WOULD LIMIT YOU IN
PERFORMING THE JOB YOU ARE APPLYING FOR? YES NO
IF YES, PLEASE EXPLAIN WHAT ACCOMMODATIONS YOU WOULD REQUIRE:

EDUCATION

HIGH SCHOOL: _____ **GRADUATED:** YES NO

COLLEGE: _____ **DEGREE:** YES NO

COLLEGE MAJOR: _____

TECHNICAL/TRADE SCHOOL: _____ **GRADUATED:** YES NO

BUSINESS REFERENCES

LIST BUSINESS PEOPLE THAT YOU HAVE KNOWN FOR AT LEAST 3 YEARS:

	Name	Occupation	Phone #	Years Known
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND GIVE EMPLOYMENT HISTORY FOR THE LAST **5 YEARS**.

EMPLOYER NAME:		
EMPLOYER ADDRESS:		
EMPLOYER PHONE:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATES OF EMPLOYMENT:	FROM:	TO:
SALARY / HOURLY RATE:	SUPERVISOR NAME:	
REASON FOR LEAVING:		
DESCRIBE DUTIES:		

EMPLOYER NAME:		
EMPLOYER ADDRESS:		
EMPLOYER PHONE:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATES OF EMPLOYMENT:	FROM:	TO:
SALARY / HOURLY RATE:	SUPERVISOR NAME:	
REASON FOR LEAVING:		
DESCRIBE DUTIES:		

EMPLOYER NAME:		
EMPLOYER ADDRESS:		
EMPLOYER PHONE:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATES OF EMPLOYMENT:	FROM:	TO:
SALARY / HOURLY RATE:	SUPERVISOR NAME:	
REASON FOR LEAVING:		
DESCRIBE DUTIES:		

DO YOU POSSESS A VALID DRIVER'S LICENSE (ONLY FOR A JOB REQUIRING DRIVING A VEHICLE)? YES NO
 DRIVER'S LICENSE #: _____ STATE: _____ EXPIRATION: _____

REFERENCE RELEASE FORM

I, _____, (“PROSPECTIVE EMPLOYEE”), HEREBY GIVE MY CONSENT TO ALLOW ALL FORMER EMPLOYERS, ITS EMPLOYEES, AGENTS AND REPRESENTATIVES, AND REFERENCES LISTED ON MY APPLICATION, TO RESPOND TO ANY REFERENCE REQUESTS AND PROVIDE INFORMATION AND OPINIONS REGARDING MYSELF, MY EMPLOYMENT AND ANY OTHER MATTER RELATING TO ME, REGARDLESS OF THE MOTIVATION FOR OR CONTENT OF SUCH OPINIONS AND INFORMATION, REGARDLESS OF WHETHER I AGREE WITH PRIOR EMPLOYER. I HEREBY WAIVE ANY AND ALL CLAIMS, KNOWN OR UNKNOWN AND RELEASE PRIOR EMPLOYER AND ALL INDIVIDUALS INVOLVED FROM ANY CLAIM OR LIABILITIES WHICH RELATE TO OR ARISE OUT OF SUCH RESPONSES TO REFERENCE REQUESTS. THIS CONSENT AND RELEASE IS NOT DEPENDENT UPON ANY PRIOR UNDERSTANDING, STATEMENT OR AGREEMENT, AND IS UNCONDITIONAL. IF I EVER FILE A LAWSUIT BASED UPON SUCH RESPONSES TO REFERENCE REQUESTS, I AGREE TO PAY ALL COSTS AND ATTORNEY FEES INCURRED BY ANY DEFENDANT IN RESPONDING TO OR DEFENDING SUCH LAWSUIT.

PROSPECTIVE EMPLOYEE SIGNATURE

DATE

PROSPECTIVE EMPLOYEE NAME (PLEASE PRINT)

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a.** Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b.** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date