



To All Applicants Employment Application

Thank you for applying for employment with us. Carolina Village is an equal opportunity employer that has been creating a welcoming atmosphere for our residents and employees alike for almost 45 years.

We look forward to reviewing your application, which we will keep on file for a period of 90 days. If you are selected for possible employment you will be required, as a condition of employment, to submit to a pre-employment drug screen and a criminal record review. All selected hires must submit to a TB skin test. In addition, certain departments are required to obtain additional background screenings via finger printing. **If you cannot expect to pass the drug screen or criminal record review please STOP HERE!** Do not complete and submit this application.

Carolina Village is a "Tobacco Free Workplace." Tobacco product use by ANY employee is NOT allowed on our property.



This business uses E-Verify in its hiring practices to achieve a lawful workforce.
www.dhs.gov/E-Verify

Please complete and sign both your application and your background form.

Thank you for considering Carolina Village.

Disclaimer & Signature

Are you 18 or older? Yes No*

*If NO, please have a parent or legal guardian sign below giving permission for a pre-employment drug screen, a criminal record review, and a TB skin test. This signature also acts as permission for any future screenings that may be required, such as random drug screening, post-accident drug screening, criminal record review, and TB testing.

*Signature _____ *Date _____

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

*Signature _____ *Date _____

Application Information

Full Name _____

Last, First, Middle Initial

Date _____

Address _____

StreetAddress, Apartment/Unit #

City, State, ZIP Code

Phone _____

Email Address _____

Date Available _____

Social Security No. _____

Desired Salary \$ _____

Position Applied For _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the US? Yes No

Have you ever worked for this company? Yes No

If yes, when? _____

Have you ever been convicted of a crime? Yes No

If yes, please explain _____

Education

High School

Address _____

Street Address, City, State, ZIP Code

Dates _____

Start Date

End Date

Did you graduate?

Yes

No

College

Degree _____

Address _____

Street Address, City, State, ZIP Code

Dates _____

Start Date

End Date

Did you graduate?

Yes

No

Other

Degree _____

Address _____

Street Address, City, State, ZIP Code

Dates _____

Start Date

End Date

Did you graduate?

Yes

No

References

Please list three professional references.

Full Name _____

Relationship _____

Company _____

Phone _____

Address _____

Street Address, City, State, ZIP Code

Full Name _____

Relationship _____

Company _____

Phone _____

Address _____

Street Address, City, State, ZIP Code

Full Name _____

Relationship _____

Company _____

Phone _____

Address _____

Street Address, City, State, ZIP Code

Previous Employment

Company	_____	Phone	_____
Job Title	_____	Dates	_____
Supervisor	_____	Start Date	_____
Responsibilities	_____	Ending Date	_____
Reason for Leaving	_____		
May we contact your previous supervisor for a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Company	_____	Phone	_____
Job Title	_____	Dates	_____
Supervisor	_____	Start Date	_____
Responsibilities	_____	Ending Date	_____
Reason for Leaving	_____		
May we contact your previous supervisor for a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Company	_____	Phone	_____
Job Title	_____	Dates	_____
Supervisor	_____	Start Date	_____
Responsibilities	_____	Ending Date	_____
Reason for Leaving	_____		
May we contact your previous supervisor for a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Military Service

Branch	_____	Dates	_____
Rank at Discharge	_____	Start Date	_____
		Ending Date	_____
		Discharge Type	_____
If other than honorable, please explain	_____		



Disclosure and Release Form

As part of the application process for employment at ("Carolina Village"), I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, credit history, and bankruptcy records. I understand that these records may be used for the eligibility of my employment. I authorize without reservation the full release of these records and for Vantage Point Services and/or its agents contacted by Vantage Point Services to obtain this information.

In addition, I release and discharge Vantage Point Services, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at ("Carolina Village"). This may include on-going, post-hire review of public records for any possible criminal offense charges. I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment. Upon Request, Vantage Point Services will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: Vantage Point Services PO Box 1589 Fuquay Varina, NC 27526 or by contacting them at 1-800-792-4339.

< Please Print >

Applicant's Name: _____
First M.I. Last

Signature: _____ **Date:** ____mm/____dd/____yy

Date of Birth: ____mm/____dd/____yy (this is used for only criminal and driving records retrieval.)

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ **State:** _____

Current Address: _____
Street Address

City State ZIP

Length of Residency: ____yr

Vantage Point Services
PO Box 1589 Fuquay Varina, NC 27526
Tel: 1-800-792-4339