

**LP HOME CARE LLC  
4242 SIX FORKS RD  
SUITE 1550 OFFICE 1526  
RALEIGH NC 27609  
(800)-419-5250**

**Application**

**PLEASE COMPLETE ALL PAGES:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Present address:

\_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

How Long: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available to work

And salary desired (2) \_\_\_\_\_ No Pref. \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tue \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_ Sun \_\_\_\_\_  
Thurs \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  Full Time Only  Part Time Only  Full or Part Time

When available to work? \_\_\_\_\_

Are you legally eligible for employment in the US?  Yes  No

Have you ever been convicted of a felony or serious misdemeanor?  Yes  No

If yes, explain number of convictions(s), nature of offense(s) leading to Conviction(s), how recently such offense(s) was/were committed, sentence(s) Imposed, and type(s) of rehabilitation.

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Do you have a valid Drivers License?       Yes       No

What is your means of transportation to work? \_\_\_\_\_

Driver's License

Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Proof of Insurance  Yes  No

Have you had any accidents during the past three years?      \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, how many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, how many? \_\_\_\_\_

Have you ever been in the Armed Forces?       Yes       No

Are you now a member of the Nation Guard?       Yes       No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharged Date \_\_\_\_\_

**Emergency Contact Info**

First Name                      Last Name                      Phone #  
 \_\_\_\_\_ · \_\_\_\_\_ · \_\_\_\_\_

Street Address                      City                      State                      Zip Code  
 \_\_\_\_\_ · \_\_\_\_\_ · \_\_\_\_\_ · \_\_\_\_\_

**Emergency Contact Info**

First Name                      Last Name                      Phone #:  
 \_\_\_\_\_ · \_\_\_\_\_ · \_\_\_\_\_

Street Address                      City                      State                      Zip Code  
 \_\_\_\_\_ · \_\_\_\_\_ · \_\_\_\_\_ · \_\_\_\_\_

## EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS	MAJOR & DEGREE
High School				
College				
Bus or Trade School				
Professional School				
Other				

### Skills and Qualifications

List any special skills/education/certifications which you believe to be pertinent to this position: \_\_\_\_\_

\_\_\_\_\_

Professional licenses, certifications or registrations: \_\_\_\_\_

\_\_\_\_\_

Type of computers, software, and other equipment, you are qualified to operate or repair: \_\_\_\_\_

\_\_\_\_\_

### Please list two references other than relatives

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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### Employment History

Have you ever worked for this company before?

Yes       No

Work Experience: Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer \_\_\_\_\_  
(Last) (First)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Phone number \_\_\_\_\_ Job Title \_\_\_\_\_

Name of Supervisor \_\_\_\_\_  
(Last) (First)

Employment dates From \_\_\_\_\_ To \_\_\_\_\_ Pay or Salary \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_  
\_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Name of employer

\_\_\_\_\_  
(Last) (First)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Phone number \_\_\_\_\_ Job Title \_\_\_\_\_

Name of Supervisor

\_\_\_\_\_  
(Last) (First)

Employment dates From \_\_\_\_\_ To \_\_\_\_\_ Pay or Salary \_\_\_\_\_

Reason for leaving (be specific)

\_\_\_\_\_  
\_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INQUIRES RELEASE AND CONSENT

In connection with my application for employment, contract for services, or internship with “ LP Home Care”, the undersigned, understand and consent that a consumer report, which may contain public record information, will be requested. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, credit, bankruptcy proceedings, drug testing, Nurse Aide Registry criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. A facsimile or other copy of this release/consent bearing my signature is valid as the original. For purposes of gathering this information, I agree to supply following information:

**Please print the following information**

<b>Last Name:</b>				<b>First:</b>		<b>Middle:</b>		<b>Maiden:</b>	
<b>Current Address:</b>						<b>SS#:</b>			
<b>City/State/Zip:</b>						<b>County:</b>			
<b>Previous Address, If at Above Less Than 5 Years:</b>									
<b>Date of Birth:</b>			<b>Race:</b>			<b>Sex:</b>			
<b>Divers License#:</b>			<b>State of Issuance:</b>			<b>Date Issued:</b>			

I hereby fully release and discharge “ LP Home Care” their respective affiliates, subsidiaries, directors, officers, employees, agents, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer, from all claims and damages arising out of or relating to any investigation of my background for employment purposes. I have the right to make a request, upon proper identification, of all the information obtained from the consumer reporting agency

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In event confirmation is needed in connection with my work, I authorize education

institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualification.

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**Signature (unsigned applications will not be processed)**

**Date**