

BRIGHT HORIZONS HOME CARE

110-B Applecross Road • Pinehurst, NC 28374
Employment Application

APPLICANT INFORMATION

Last Name		First Name		M.I.	Date			
Street Address								
City		State		ZIP				
Telephone Number	Alternate Number			Social Security Number - -				
Position Applied For			Email Address					
Date Available			Desired Salary					
Type of Employment PRN	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/>	Available Shifts	<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights	<input type="checkbox"/> Weekends
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Do you have a criminal record?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					

EDUCATION

High School		Address			
From	To	Graduate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
College/Univ ersity		Address			
From	To	Graduate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree
Trade, Business,		Address			
From	To	Qualifications			

REFERENCES

Please list three professional references.

Full Name		Relationship			
Company		Phone No	()		
Address					
Full Name		Relationship			
Company		Phone No	()		
Address					
Full Name		Relationship			
Company		Phone No	()		
Address					

PREVIOUS EMPLOYMENT

Company				Phone No ()
Address				Supervisor
Job Title		Starting Salary		Final Salary
Responsibilities				
From		To		Reason for Leaving
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/> NO <input type="checkbox"/>

Company				Phone No ()
Address				Supervisor
Job Title		Starting Salary		Final Salary
Responsibilities				
From		To		Reason for Leaving
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/> NO <input type="checkbox"/>

Company				Phone No ()
Address				Supervisor
Job Title		Starting Salary		Final Salary
Responsibilities				
From		To		Reason for Leaving
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/> NO <input type="checkbox"/>

LICENSURE, CERTIFICATION & SKILLS

Registered Nurse <input type="checkbox"/>	Licensed Practical Nurse <input type="checkbox"/>	Certified Nursing Assistant <input type="checkbox"/> I <input type="checkbox"/> II
State Issued	License #	Expiration Date
CPR Certified? YES <input type="checkbox"/> NO <input type="checkbox"/>	Expiration Date	
Training Type	Training Location	

DISCLAIMER AND SIGNATURE

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	
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