

CONDITIONS OF EMPLOYMENT

(Please Read Carefully Before Signing)

I hereby certify that the information on this application is accurate to the best of my knowledge and is subject to verification by Ridge Care. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide Ridge Care (its authorized employees, designees or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application in connection with employment will be grounds for refusal of employment or for immediate termination regardless of when such information is discovered.

In the event I am employed, I understand that all employees of Ridge Care are employees at will without a fixed term of employment. Any of Ridge Care's policies, procedures or benefits can be changed, interpreted, withdrawn or added to at any time, without any prior notice. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.

I authorize Ridge Care to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

I understand that as a condition of employment my driving record, criminal history record, reference checks, drug screening test and other documents required by law and/or the position for which I am applying must be completed, and information given by me must be verified.

I understand and agree that an offer of employment, and my continued employment with Ridge Care, are contingent upon satisfactory proof of my authorization to work in the United States.

Employees of Ridge Care who drive company-owned, leased or other vehicles on company business must possess a valid driver's license for the state in which they are employed. The driver's license must not restrict driving in any manner that conflicts with job requirements. An unsatisfactory driving record may result in the loss or restriction of driving privileges on company business which could cause termination of your employment.

This application and any material accompanying it shall become the sole property of Ridge Care.

Finally, my signature certifies that the statements made on this application are correct and complete and in addition, I authorize Ridge Care to initiate an investigation as outlined above.

Signature of Applicant (In Ink)

Date

RIDGE CARE IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER



"PIONEERING SENIOR LIVING ALTERNATIVES"

PLEASE READ BEFORE COMPLETING THIS EMPLOYMENT APPLICATION

Ridge Care, Inc. (Ridge Care) does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying. Ridge Care is committed to the goal of operating a drug-free work environment. **A CRIMINAL RECORD CHECK WILL BE CONDUCTED ON ALL APPLICANTS.**

ANSWER ALL QUESTIONS COMPLETELY AND PLEASE PRINT (In Ink)

PERSONAL DATA

Name: _____ Soc. Sec. #: _____
Last First Middle

Address: _____
Street
City State Zip How Long? _____

Phone No.: (_____) _____ Email: _____

Permanent

Address (if different): _____
Street City State Zip

NC Applicants Only - Have you lived outside North Carolina in the past 5 years? Yes No

If YES, please list addresses outside North Carolina _____

GENERAL INFORMATION

Position(s) Applied For: 1. _____ 2. _____

Date Available: _____

How were you referred to this Ridge Care community? Employee Website Newspaper Advertisement Other: _____

Name of referral sources indicated above _____

Have you ever been employed at this location or any other Ridge Care location before? Yes No

If YES, state when and where: _____

Are you looking for: Full-time Part-time Seasonal/Temporary Salary Requirements: \$ _____

Do you have relatives employed at any Ridge Care location? Yes No

If YES, Name: _____ Location: _____ Relationship: _____

Are you age 18 or above? Yes No

Please circle days/indicate hours you are available to work: M T W Th F S Su From: _____ To: _____

Are you a US Citizen? Yes No

If no, please state the type of US employment authorization you have: _____

Have you ever had ANY convictions? Yes No If YES, explain: _____

EDUCATION AND/OR TRAINING

	Name & Location	Course of Study/Major	Dates Attended		Graduated	Degree
			From	To		
High School						
Business or Technical School						
College or University						
Graduate School						

Please list other training and/or certifications:

Please list any special skills and/or licenses:

REFERENCES

Please list three references.

	Reference 1	Reference 2	Reference 3
Name			
Relationship			
Phone			
Street			
City			
State/Zip			

EMPLOYMENT HISTORY/VOLUNTEER WORK

Please complete; list all previous employment. **Do NOT** write "See Resume". Begin with current or last employment. Use additional paper if necessary. Please note if you worked/volunteered under a different name.

Company Name: _____

Address: _____
Street City State Zip

Telephone Number: _____ Employed/Volunteered: From: _____ To: _____

Reason for Leaving: _____ May we contact? Yes No

Position(s) Held: _____

Descriptions of Duties: _____

Last Salary: _____ Supervisor(s): _____

Company Name: _____

Address: _____
Street City State Zip

Telephone Number: _____ Employed/Volunteered: From: _____ To: _____

Reason for Leaving: _____ May we contact? Yes No

Position(s) Held: _____

Descriptions of Duties: _____

Last Salary: _____ Supervisor(s): _____

Company Name: _____

Address: _____
Street City State Zip

Telephone Number: _____ Employed/Volunteered: From: _____ To: _____

Reason for Leaving: _____ May we contact? Yes No

Position(s) Held: _____

Descriptions of Duties: _____

Last Salary: _____ Supervisor(s): _____

Company Name: _____

Address: _____
Street City State Zip

Telephone Number: _____ Employed/Volunteered: From: _____ To: _____

Reason for Leaving: _____ May we contact? Yes No

Position(s) Held: _____

Descriptions of Duties: _____

Last Salary: _____ Supervisor(s): _____