

*WhiteStone*  
A MASONIC & EASTERN STAR  
COMMUNITY  EST. 1912

**APPLICATION FOR EMPLOYMENT**

***We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.***

***Please submit completed form via email to [tarmwood@liveatwhitestone.org](mailto:tarmwood@liveatwhitestone.org)***

Position Applied For: \_\_\_\_\_

(Last Name)	(First Name)	(Middle Name)		
(Street)	(Apt)	(City)	(State)	(Zip)
(Telephone Number)	Social Security #	(Email Address)		

If you are under 18 years of age, can you provide proof of your eligibility to work?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give date (s): \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give date (s): \_\_\_\_\_  
If yes, job/position: \_\_\_\_\_

Do you have relatives that work here? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, Name and Relation: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
(Proof of citizenship/immigration status will be required upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you available to work: ( ) Full Time ( ) Part Time ( ) Relief

Shift Preference: ( ) 1<sup>st</sup> Shift ( ) 2<sup>nd</sup> Shift ( ) 3<sup>rd</sup> Shift

Have you ever been convicted of a crime, misdemeanor or felony? Do not include any sealed or expunged records. \_\_\_\_\_ Yes \_\_\_\_\_ No A conviction will not necessarily disqualify an applicant from employment. If yes, please explain \_\_\_\_\_

How did you learn about WhiteStone? \_\_\_\_\_

## EDUCATIONAL BACKGROUND

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

## SPECIALIZED SKILLS: Check Skills/Equipment Operated

### Nursing

- ( ) RN: Cert. No. \_\_\_\_\_  
 Renewal No. \_\_\_\_\_  
 Exp. Date \_\_\_\_\_
- ( ) LPN: Cert. No. \_\_\_\_\_  
 Renewal No. \_\_\_\_\_  
 Exp. Date \_\_\_\_\_

### Environmental Services

- ( ) Supervise Employees  
 ( ) Room Care, General Cleaning  
 ( ) Floor Care – Wax, Strip  
 ( ) Shampoo Carpet  
 ( ) Windows  
 ( ) Laundry

### Nursing Assistant

Certified? ( ) Yes ( ) No

### Facility Services

- ( ) Supervise Employees  
 ( ) Carpentry  
 ( ) Electrical  
 ( ) Plumbing  
 ( ) Machine Maintenance  
 ( ) Operate & Maintain Equip.  
 ( ) Refrigeration/Air Conditioning  
 ( ) Boilers  
 ( ) Landscaping & Mowing

### Dietary

- ( ) Supervise Employees  
 ( ) Prepare Special Meals  
 ( ) Serve Trays, Read Menu/Diet Cards  
 ( ) Cook  
 ( ) Prep Food  
 ( ) Check Stock/Order Supplies  
 ( ) Wash Dishes, Pots, Pans  
 ( ) General Duties, Cleaning, Etc.  
 ( ) Work w/ Measuring/Using Chemicals  
 ( ) Use Small Equipment

### Activities

- Certified? ( ) Yes ( ) No  
 ( ) Drive Bus, Other Vehicles  
 ( ) Commercial Driver's License  
 NC License No. \_\_\_\_\_

### Office

- ( ) Personal Computer  
 ( ) Calculator  
 ( ) Typewriter  
 ( ) Payroll  
 ( ) Insurance  
 ( ) Multi-Line Telephone System

Describe any specialized training, apprenticeship, skills and extra-curricular activities which are relevant to the job for which you are applying: \_\_\_\_\_

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## EMPLOYMENT HISTORY:

1) Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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2) Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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3) Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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## PROFESSIONAL REFERENCES

Please list three references who can provide us with information about your qualifications to perform the job for which you are applying.

1) \_\_\_\_\_  
Name Occupation  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Address Phone #

2) \_\_\_\_\_  
Name Occupation  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Address Phone #

3) \_\_\_\_\_  
Name Occupation  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Address Phone #

**APPLICANT SHOULD READ THE FOLLOWING STATEMENT PRIOR TO SIGNING:**

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

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I also authorize the employers, schools, or persons named above to provide information regarding my employment, education, character, and qualifications. In accordance with applicable laws, I hereby release from all liability or responsibility all persons, companies, institutions, or corporations furnishing such information.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

By signing below, I certify that I have not been convicted of an offense that would preclude working in a nursing facility. I also certify that I am not excluded from participation in federal health care programs. Furthermore, I understand that I will be subject to a search of the OIG List of Excluded Individuals, and that a comprehensive criminal background screening will be completed by a third party organization acting on behalf of WhiteStone. If the findings of that background screening result in a refusal to hire, I will be notified in writing and may request a copy of the findings from the third party organization.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time without or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in this application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**An Equal Opportunity Employer**

**Direct Deposit Required**

***WhiteStone is a Smoke Free Community***