



# CAROL WOODS

RETIREMENT COMMUNITY

## APPLICATION FOR EMPLOYMENT

### **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

Applicants should send completed form to:  
**Email:** [hr@carolwoods.org](mailto:hr@carolwoods.org) **Fax:** (919) 969-2507  
**Mail:** Human Resources  
Carol Woods Retirement Community  
750 Weaver Dairy Road  
Chapel Hill, NC 27514

### ***Important information you should know about Carol Woods***

#### **Carol Woods is an Equal Opportunity Employer**

*We comply with all applicable state and Federal civil rights and equal employment laws and regulations.*

#### **This is a Tobacco Free Workplace**

*For the health of our staff, residents and guests, our public facilities and offices are tobacco free. Employees are not permitted to use tobacco products anywhere on campus.*

#### **Criminal History Background Checks are required**

*As part of your application for employment you will be asked a question about convictions for crimes. If you answer this question 'yes' you will be asked to provide details. A 'yes' answer does not automatically disqualify you from employment. Failure to provide accurate information may affect your employment status. At the time of your hiring interview you will be asked to sign a document giving Carol Woods permission to conduct a background check. Your employment with Carol Woods will be conditional based on the results of your background check.*

#### **Drug Use Policy and Required pre-hire Drug Testing**

*Carol Woods does not hire or knowingly employ persons who use illegal drugs. All Persons seeking employment or employed by Carol Woods will be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. At the time of your hiring interview you will be asked to sign a document giving Carol Woods permission to conduct drug screen testing. Your employment with Carol Woods will be conditional based on the results of your background check. By completing this application you are agreeing that upon request you will provide a urine specimen (or blood specimen as required for alcohol testing) at a collection site designated by Carol Woods and to have the specimens tested at a laboratory selected by Carol Woods.*

**Completion of this application indicates that you have read and agree to abide by the above policies.**



**PLEASE PRINT ALL INFORMATION**

<p><b>High School</b></p> <p>Name and Address of School _____</p> <p>_____</p> <p>Course of Study _____</p>	<p>Highest Grade Completed</p>	<p>Did you Graduate?</p> <p>Yes</p> <p>No</p>	<p>Diploma or Degree?</p>
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<p><b>College or Technical School</b></p> <p>Name and Address of School _____</p> <p>_____</p> <p>Course of Study _____</p>	<p>Highest Grade Completed</p>	<p>Did you Graduate?</p> <p>Yes</p> <p>No</p>	<p>Diploma or Degree?</p>
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<p><b>Advanced Degree</b></p> <p>Name and Address of School _____</p> <p>_____</p> <p>Course of Study _____</p>	<p>Highest Grade Completed</p>	<p>Did you Graduate?</p> <p>Yes</p> <p>No</p>	<p>Diploma or Degree?</p>
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Other Business College or Special Courses (include military training)

\_\_\_\_\_

Area of Specialization or major interest	Typing wpm _____
_____	Shorthand wpm _____

List health care or industrial equipment you can operate

\_\_\_\_\_

**PROFESSIONAL LICENSES AND / OR CERTIFICATIONS**

Are you currently	Registered	Licensed	Certified
Are you eligible to become	Registered	Licensed	Certified

If Registered, Licensed or Certified please provide the following:

Type	State	Date	Number
_____	_____	_____	_____

Type	State	Date	Number
_____	_____	_____	_____

<p><b>PLEASE PRINT ALL INFORMATION</b> Please list previous employment starting with most your most recent employer.</p>				
<b>Work Experience</b>				
Job Title	From	To	Name of Immediate Supervisor	Last Salary
_____				
Name of Company _____ Phone Number _____				
Address _____				
Duties _____				
Reason for leaving _____				
Job Title	From	To	Name of Immediate Supervisor	Last Salary
_____				
Name of Company _____ Phone Number _____				
Address _____				
Duties _____				
Reason for leaving _____				
Job Title	From	To	Name of Immediate Supervisor	Last Salary
_____				
Name of Company _____ Phone Number _____				
Address _____				
Duties _____				
Reason for leaving _____				
<p><b>Read this section and sign below</b></p> <p>In consideration of my employment, I agree to conform to the rules and regulations of this facility. I understand that my employment may be terminated at any time and for any reason at the option of the facility or myself. I understand that only by offer of the Chief Executive Officer may I enter into any agreement for employment for any specified period of time.</p> <p>I hereby affirm that the information provided on this application and any accompanying documents is true and complete. I understand that any false or misleading statements or omissions may disqualify me from employment and may result in my discharge if discovered at a later date.</p> <p>I authorize Carol Woods to contact persons, schools, my current and previous employers, and organizations named in this application and accompanying documents. I authorize those affiliates to provide this facility with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.</p> <p>I authorize Carol Woods to engage an investigative consumer-reporting agency to report on my credit and personal history. I understand that I may request the name and address of the agency if such a report is made.</p> <p>I understand that if an offer of a job is made to me, I will be required to sign an Authority for Release of Information authorizing Carol Woods to obtain my criminal record, and I will at Carol Woods' discretion, consent to being fingerprinted for identification purposes with the release. I further agree to abide by the requirements of Carol Woods to conduct drug screen testing and agree to provide a urine specimen (or blood specimen for alcohol testing) as required. I understand that any offer of employment will be conditional based on the results of my background and drug screen test.</p>				
_____			_____	
Signature			Date	