

Date: _____

Last Name	First	MI	Social Security Number
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Other names under which you have been employed or known

Address	City	State	ZIP Code
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#Years at Current Address

#Years at Previous Address

Home Phone

Work Phone

Previous Address	City	State	ZIP Code
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Yes No Date: _____

Where you previously employed by Priddy Manor, LLC or any companies acquired by Priddy Manor, LLC?

Facility/Position: _____

Are you eligible for rehire? Yes No

Name(s) of relatives employed by Priddy Manor, LLC	Relationship	Position
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How were you referred to us?

If you are not a U. S. Citizen, are you legally authorized to work in the U.S? Yes No
(If hired, you will be required to provide proof of your legal right to work)

Have you ever been convicted of a felony? Yes No

(Please note that a felony conviction does not automatically disqualify you from employment)

Have you ever been sanctioned or disciplined by any state or federal authority or excluded from participation in the Medicare or Medicaid programs under Sec. 1128 of the Social Security Act? Yes No

Do you have any commitment/agreement with another employer that may affect your employment with Priddy Manor, LLC?
 Yes No

If yes, explain

Employment Interests

Position desired _____ Second choice _____ Full-time Part-time Per diem Temporary

Would you consider working any shift? Yes No Which? First Second Third

Education/Training

Name/address of Institution	Course of study	Number of years attended	Did you graduate?
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High School

College/University/Other

List other healthcare, business or industrial equipment you can operate:

Priddy Manor, LLC is committed to a policy of equal employment opportunity and considers all persons without regard to race, color, religion, age, sex, national origin, disability, marital status, veteran's status, or any other legally protected classification as defined by city, state or federal law.

Professional Licenses and/or Certifications

Currently, I am: [] Registered [] Licensed [] Certified [] I have applied for: _____

Type	State	Issued	Expiration	Number	Status
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Current restrictions (if any)

Employment History (please list previous employers, starting with the current or most recent)

Employer Name		Phone			
Address		City	State	ZIP Code	
Job Title	Immediate Supervisor		Nature of Duties (please explain on another sheet if needed)		
Dates of Employment (Form-To)	Pay (\$ per month)	Full/part-time	Reason for leaving		
Employer Name		Phone			
Address		City	State	ZIP Code	
Job Title	Immediate Supervisor		Nature of Duties (please explain on another sheet if needed)		
Dates of Employment (Form-To)	Pay (\$ per month)	Full/part-time	Reason for leaving		
Employer Name		Phone			
Address		City	State	ZIP Code	
Job Title	Immediate Supervisor		Nature of Duties (please explain on another sheet if needed)		
Dates of Employment (Form-To)	Pay (\$ per month)	Full/part-time	Reason for leaving		

References (Please list names, title, addresses and phone numbers or supervisors, managers, or teachers other than relatives)

- 1.) _____
- 2.) _____
- 3.) _____

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Certification and Acknowledgment

I certify that all the information I have provided on this application and on any accompanying documents is true and correct. I understand that any false statements I have made herein or my failure to disclose requested information may disqualify me from consideration for employment, or, if employed, may result in my termination.

I hereby authorize Priddy Manor, LLC, its agents and employee's to contact any reference provided by me during the application process, and I authorize all references so contacted to release any information about me that they may have. I further authorize Priddy Manor, LLC or its agents to perform any investigation of local, state and federal records relating to any criminal conviction I may have. I release Priddy Manor, LLC, its agents, officers and employees, and any reference contacted by Priddy Manor, LLC from any and all liability that may result from any investigation or reference check.

I understand and acknowledge that I may be required to undergo a post-offer, pre-placement physical exam, and a post offer, pre-placement drug screening analysis for substance abuse. I understand the result may, to the extent permitted by law, result in the revocation of any offer of employment.

I understand and acknowledge that nothing contained in this application or in any interview that I may be granted is intended to create a contract of employment between Priddy Manor, LLC and myself. I further understand and acknowledge that, if I am offered employment, I am free to terminate my employment at any time, for any reason, and the company retains the same right.

Applicant For Employment/Medical Staff Privileges

Notice of OIG/GSA Screening

I understand and acknowledge that Priddy Manor, LLC will screen my application with the Office of Inspector General (OIG) and/or the General Services Administration (GSA) to verify that I am not on the list of individuals excluded from participating in federal programs, including Medicare and Medicaid. The Company will not consider me for employment/privileges if I am on the Exclusion List.

Printed Full Name

Street Address

City **State** **ZIP Code**

Signature of Applicant **Date**

Mail completed application to:

Priddy Manor, LLC
c/o Human Resources
1294 Priddy Road
King, NC 27021
Phone: 336-983-3068