

MetaHealth, LLC

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Email: contactus@metahealthone.org

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _____ Shift applying for: _____

How did you learn about the position? _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other Phone _____

Email Address: _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [☐] Yes [☐] No

Have you ever been convicted of a felony? [☐] Yes [☐] No If yes, please describe circumstances. Add another sheet of paper if necessary. _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? [☐] Yes [☐] No If yes, please describe circumstances. Add another sheet of paper if necessary. _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? [☐] Yes [☐] No

If selected for employment, are you available to work:

Weekends/holidays? [☐] Yes [☐] No

Other shifts as needed? [☐] Yes [☐] No

Emergency back-up if needed? [☐] Yes [☐] No

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other trainings, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT HISTORY

(Most Recent First or email resume with the following information)

1. **Current** Employer _____
Job Title _____ Start Date _____ End Date _____
Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

2. Employer _____ Job Title _____
Start Date _____ End Date _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

PREEMPLOYMENT REQUIREMENTS

In order to be eligible for employment at MetaHealth, LLC, applicants must agree to a background check that addresses the following areas: Criminal, DMV, Sex Offender, Health Care Registry, Residency

REFERENCES

Name	Relationship	Years Known	Contact Information

ACKNOWLEDGMENT AND AUTHORIZATION

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 for employment as may be necessary in arrival at an employment decision.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether applications are accepted at that time. If an applicant has need of special accommodation for any disability, MetaHealth, LLC will be happy to make reasonable accommodation but must know about each request prior to employment or as the need is identified during employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any 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 with 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 my 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