PREMIER HEALTHCARE SERVICES INC.
CORNERSTONE TREATMENT FACILITY INC., CTFP INC. and
VISIONARY MANAGEMENT GROUP LLC
EMPLOYMENT APPLICATION

Please check the box beside the facility where you are applying for work:

☐Gracehouse	☐Hope Gardens	☐Cornerstone	☐Jackson Springs
1892 Turnpike Road	1958 Turnpike Road	129 Wallace Road	778 Hoffman Road
Raeford, NC 29376	Raeford, NC 28376	Wadesboro, NC 28170	West End, NC 27376

☐Corporate Office
3620 Legion Road
Hope Mills, NC 28348

Fax application with resume to: (910) 703-8758 or submit electronically **by visiting our website at www.ncprtf.com and submitting your application to the Human Resources Department.**
Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

Name_____ Date_____

Address_____ Phone #_____

City_____State_____Zip_____ Social Security # _____ Email _____

Are you legally authorized to work in the USA? ☐Yes ☐No Are you 18 years of age or older? ☐Yes ☐No
Have you applied here before? ☐Yes ☐No When? _____Position applied for_____
Do you have any relatives or close associates presently working with the company? ☐Yes ☐No
If yes, at which location? _____
Current Position Applying For: *☐Residential Mentor ☐Admin. Assist. ☐Assist. Teacher
☐LPN ☐ RN License/ST # _____ ☐Executive Director ☐QP ☐Therapist ☐Other _____
APPLICANT MUST BE AT LEAST 21 YEARS OLD FOR THIS POSITION
Date Available for Work_____ ☐Full time ☐Part time ☐Temporary ☐PRN (nurse)

CERTIFICATIONS: First Aid/CPR certified ☐Yes ☐No Other Certifications and training?
_____

WORK HISTORY. Start with your present job or most recent employment and work backwards. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

Employer 1_____

Address_____City_____State_____Zip_____

Phone#_____Supervisor's Name_____

Job Title_____Reason for leaving_____

Dates of employment From_____To_____Salary or Hourly rate_____

May We Contact This Employer: ☐Yes ☐No

Employer 2_____

Address_____City_____State_____Zip_____

Phone#_____Supervisor's Name_____

Job Title_____Reason for leaving_____

Dates of employment From_____To_____Salary or Hourly rate_____
May We Contact This Employer: ☐Yes ☐No

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Employer 3_____

Address_____City_____State_____Zip_____

Phone# _____Supervisor's Name_____

Job Title_____Reason for leaving_____

Dates of employment From_____To_____Salary or Hourly rate_____
May We Contact This Employer: ☐Yes ☐No

EDUCATION
Schools/Colleges Attended:
High School _____ # Yrs. Completed_____ Graduated ☐Yes ☐ No

College/Univ. _____ City _____ State _____
Years Completed _____ Graduated ☐Yes ☐ No

Type of degree earned ☐AAS ☐AA ☐BA ☐BS ☐MA ☐MS ☐phD

Discipline of Study/College Major _____

Other Schools_____ Graduated ☐Yes ☐ No Study area _____

Describe any special qualifications you have applicable for this job:

_____

_____

Drivers License #_____ State_____ Expiration Date_____

Have you been a resident of North Carolina for (5) years to present ☐Yes ☐No

Are you a veteran of the U.S. Armed Services? ☐Yes ☐No

Have you been convicted of a crime? Misdemeanor: ☐Yes ☐No Felony ☐Yes ☐No. If Yes,

Please explain. _____

_____

After reviewing the job description of the position you are applying, are you able to perform the essential duties of this position, with or without accommodations? ☐Yes ☐No.

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary at arriving at an employment decision. I understand that this application is not a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature_____Date_____

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Interviewer Certification

Applicant's Name _____ Application Date_____

Job Title_____ Job Location_____

Interviewer Signature. _____DATE:_____

Recommended for Hire: Yes____ NO____

Remarks _____

_____

Vacancy Type:

Full-Time ____ Part Time ____ Temporary____ PRN____

Classification:

_____Non- exempt /Hourly _____Exempt/Salary _____ Non- exempt/Salary

Earnings

Salary - $ _____(bi-weekly) Hourly/Pay Rate: $_____

For Human Resources Department Only

Pre-Employment Screenings:

☐ Criminal Background Check	Date: _____ Screened by_____
☐ DMV Records Check	Date: _____ Screened by_____
☐ Healthcare Registry Check	Date: _____ Screened by_____
☐ Professional Licensure Boards	Date: _____ Screened by_____
☐ Reference Verification	Date: _____ Screened by_____
Pre-Employment Drug Screen	Date:_____ Screened by_____
	Pass _____ Fail_____

_____ _____

Training Dates First day of work

_____Executive Director