



P.H.P. of N.C., Inc.
1500 East Club Blvd, Durham, NC 27704
(919) 220-0021 o (919) 220-4555 f

Notification to ALL Direct Care Applicants

You are required submit the following items with your application to be considered for a contract with PHP of NC, Inc. If you do not have **ALL** of the items listed below, please submit as many of the items as you can.

If the item states that we must have an **original**, please understand that we **MUST** have the original, there are no exceptions. We are an accredited agency, and we are expected to provide proof that your documents are legitimate:

- Driver's License (copy)
- Social Security Card (copy)
- Proof of current car insurance (not your registration card)
- High school diploma/ GED/ College Degree (must see original, or must have official seal)
- Current resume (not required)
- Two work references
- One personal reference
- Proof of current First Aid Training (copy)
- Proof of current CPR Training (copy)
- Tuberculosis Screening (copy)
- Hepatitis Screening (copy)
- NCI Part A and/ or Part B Training (copy)



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Application

Personal Information

| | | | |
|-------------------|--------------------|------------|---------------------------|
| Last Name: | First Name: | MI: | Social Security #: |
|-------------------|--------------------|------------|---------------------------|

| | | |
|------------------------|---------------|-----------------------|
| Street Address: | Apt #: | Date of Birth: |
|------------------------|---------------|-----------------------|

| | | | |
|--------------|----------------|---------------|-------------|
| City: | County: | State: | Zip: |
|--------------|----------------|---------------|-------------|

| | | |
|--------------------|--------------------|---------------|
| Home Phone: | Cell Phone: | Email: |
|--------------------|--------------------|---------------|

Have you ever applied with us before?
 ___ Yes ___ No If Yes: Month and year _____ Location: _____

| | | |
|--------------------------|------------------------|-----------------------------|
| Position Desired: | Date Available: | Salary/ Pay Desired: |
|--------------------------|------------------------|-----------------------------|

| | |
|---|--|
| Are you legally eligible to work in the US? _____ | Will you work on weekends? _____ |
| Circle the days you will work: M T W T F S S | Circle hours you are available to work? 1 st 2 nd 3 rd Or: From: _____ To: _____ |

Former Employers

(List below your last four employers, starting with the most recent one first)

| | | |
|-----------------------|---------------------------|-------------------------------|
| Company 1: | Address: | Phone: |
| Position Held: | Supervisor: | Start Date/ Stop Date: |
| Salary/ Pay: | Reason for Leaving | |



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| | | |
|-----------------------|---------------------------|-------------------------------|
| Company 2: | Address: | Phone: |
| Position Held: | Supervisor: | Start Date/ Stop Date: |
| Salary/ Pay: | Reason for Leaving | |

| | | |
|-----------------------|---------------------------|-------------------------------|
| Company 3: | Address: | Phone: |
| Position Held: | Supervisor: | Start Date/ Stop Date: |
| Salary/ Pay: | Reason for Leaving | |

| | | |
|-----------------------|---------------------------|-------------------------------|
| Company 4: | Address: | Phone: |
| Position Held: | Supervisor: | Start Date/ Stop Date: |
| Salary/ Pay: | Reason for Leaving | |

Education

| School | Name/ Location | Graduate: Yes/ No/ Date | Years Attended | HR Verification (office use only) |
|---------------------|----------------|-------------------------|----------------|--------------------------------------|
| High School/ GED | | | | |
| College/ University | | | | |
| Graduate School | | | | |
| Technical School | | | | |

| | | |
|----------------------------|--|--------------|
| US Military Service | | Rank: |
|----------------------------|--|--------------|



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Trainings and/ or Certifications

| |
|--|
| |
| |

References

| Reference | Name | Phone |
|--------------------|------|-------|
| Former Employer | | |
| Former Employer | | |
| Personal Reference | | |

Have you ever been convicted of a crime (misdemeanor or felony)? ___Yes ___ No If Yes, please explain:

Please be aware that PHP of NC, Inc does its own Criminal, DMV, and Healthcare Registry background checks. You may also be asked to submit to a drug screen in the event you are called for an interview or a given assignment.

AUTHORIZATION and DISCLOSURE

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if hired, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any contract agreement for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

 Signature of Applicant

 Date