

Bellamy Home Care Services, INC  
1100 Hardee Rd Suite 97B  
Kinston, NC 28504

Employment Application

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Address Post Office Box

City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date Available: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a USA citizen? Yes ☐ No ☐ If no, are you authorized to work in the USA? Yes ☐ No ☐

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate: Yes ☐ No ☐ Diploma: \_\_\_\_\_

**Previous Employment**

Job title: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor: Yes ☐ No ☐

Job title: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

*We are an equal opportunity employer*

May we contact your previous supervisor: Yes ☐ No ☐

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### References

List three professional references:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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### Disclaimer

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information on my application or interview may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

DO NOT WRITE BELOW

Date of Hire: \_\_\_\_\_

Date of termination: \_\_\_\_\_ Reason for Terminate \_\_\_\_\_

Is the employee eligible for rehire? Yes ☐ No ☐

Date of Rehire: \_\_\_\_\_

Notes: \_\_\_\_\_  
*We are an equal-opportunity employer*

# Bellamy Home Care Services, INC

## Authority for release of information

### State access Only

### Name Check Access

I authorize the North Carolina Department of justice through the State Bureau of investigation to perform a North Carolina name based criminal history record information check in connection with my application for employment. My employment or volunteer services with Bellamy Home Care Services, INC in pursuant to DHHS LONG TERM SGAE AND FEE NCGS 122c 80B/131D 40AA1

Last Name

First

Middle

Maiden

\_\_\_\_\_

Social Security Number

Date of Birth

Sex

Race

\_\_\_\_\_

I understand that the North Carolina State Bureau of Investigation, officials, and employees shall not be held legally accountable in any way for providing this information to Bellamy Home Care Services, INC and I hereby release Bellamy Home Care Services, INC and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that Bellamy Home Care Services, INC cannot provide a **hard copy** of the results of this criminal history record check to me.

Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

This form must be maintained on file with Bellamy Home Care Services, INC for one year. A copy of this completed form is mailed to:

State Bureau of Investigation

Criminal Information and Identification Section

Attn: Applicant Unit

Post office Box 29500 Raleigh, North Carolina 27626-0500