

KARBYX HomeCare Limited Liability Company
512 Brookfield Drive, Knightdale, NC, 27545, United States
CELL: 9196793353/9197609896/4047311211

APPLICATION FOR EMPLOYMENT

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|---------------------------------------------------------------------------|-----------------|
| PERSONAL DATA – If you have lived at current address less than one year, list previous address. | | | Today's Date | |
| Last Name | | First Name | | Middle |
| Social Security # | | | Telephone # | |
| Street Address: | | City | County | |
| State | | Zip Code | | |
| Previous Address: Street | | City | County | |
| State | | Zip Code: | | |
| EDUCATION | | | | |
| Year | School, Location | | Degree/Diploma | Course of Study |
| Year | School, Location | | Degree/Diploma | Course of Study |
| Year | School, Location | | Degree/Diploma | Course of Study |
| LICENSES, CERTIFICATIONS OR REGISTRATION | | | | |
| License/Certification Type | | License/Certification # | State | Expiration Date |
| License/Certification Type | | License/Certification # | State | Expiration Date |
| CPR Expiration Date | | Last Physical Exam Date | Lab TB/Chest X-Ray Date | |
| GENERAL INFORMATION | | | | |
| <p>Are you legally authorized to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you become an employee of KARBYX HomeCare, LLC, you will be required to provide documentation proving your eligibility to work in the USA)</p> <p>Have you ever been convicted of a felony or misdemeanor crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (this does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction) A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since its occurrence and any rehabilitation you have undergone. <i>If yes, state the basis for each conviction and the date of the conviction:</i></p> <p>_____</p> | | | | |
| <p>Are you able to perform the tasks according to the job description without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | |
| WORK EXPERIENCE – Please complete all appropriate items, even if you have already provided us with a resume. | | | | |
| Company Name (If present or most recent employer) | | | Employment Dates | |
| | | | From Month_____ yr.____To Month_____ yr. ____ | |
| Company Address | | Job Title | Salary | |
| | | | Hourly \$ | Annually \$ |
| Describe your most recent job duties and accomplishments: | | | | |
| | | | | |
| | | | | |
| Name of Supervisor | | Telephone# | May we contact? | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not? | |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------|-------------------------|
| Reasons for leaving | | | |
| | | | |
| Company Name (If present or most recent Employer) | | Employment Dates | |
| | | From Month_____ yr. _____ | To Month_____ yr. _____ |
| Company Address | Job Title | Salary | |
| | | Hourly \$ | Annually \$ |
| Describe your most recent job duties and accomplishments: | | | |
| | | | |
| | | | |
| Name of Supervisor | Telephone# | May we contact? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not? | |
| Reasons for leaving | | | |
| | | | |
| Company Name (If present or most recent Employer) | | Employment Dates | |
| | | From Month_____ yr. _____ | To Month_____ yr. _____ |
| Company Address | Job Title | Salary | |
| | | Hourly \$ | Annually \$ |
| Describe your most recent job duties and accomplishments: | | | |
| | | | |
| | | | |
| Name of Supervisor | Telephone# | May we contact? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not? | |
| Reasons for leaving | | | |
| | | | |
| Please list any other work related information you think would be helpful to us in considering you for employment, such as foreign language competency, additional work experience, volunteer work, activities, accomplishments etc. | | | |
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| REFERENCES – Please list three individuals with whom you have worked with in a position to evaluate your performance. | | | |
| Name | Company | Title | Phone# |
| | | | |
| Name | Company | Title | Phone# |
| | | | |
| Name | Company | Title | Phone# |
| | | | |

Applicant Acknowledgement

(NOTE: Application will not be considered complete without the applicant's signature)

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I agree that, if hired, I may be discharged if Matrix learns of any falsification or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration not only for this position, but future positions, as well. (NOTE: You will not automatically be excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances such as the nature of the crime, the recency of the conviction, the type of work involved, etc.)

I understand and agree that all information concerning patients and their families is strictly confidential. I am not permitted to disclose any financial, medical or personal information related to any patient or family member to fellow employees, company administrative staff or individuals, except my supervisor at **KARBYX HomeCare, LLC**.

I authorize **KARBYX HomeCare, LLC** to investigate my employment history, credentials, license verification and to obtain any relevant information, including a criminal background check needed to make an employment decision. I authorize **KARBYX HomeCare** to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize Matrix to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release **KARBYX HomeCare** and any individual or entity providing information to **KARBYX HomeCare** from all liability for any damage from the disclosure of this information.

I also understand and agree that passing a medical examination (which is my responsibility) and/or medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hire of if hired, I may be terminated. I understand and agree that I may be subject to pre-employment drug testing and/or alcohol testing, random testing, as well as testing where reasonable suspicion or improper usage has occurred, or where warranted by an on-the-job injury, circumstance, workplace conditions or contractual requirements.

I understand and agree nothing contained in this employment application or in granting of an interview creates an employment contract between **KARBYX HomeCare, LLC** and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will;" that is, I will have the right to terminate my employment at any time and that **KARBYX HomeCare** retains the same right to terminate my employment at any time

I understand that should I become employed by **KARBYX HomeCare** my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of **KARBYX HomeCare**.

I understand that **KARBYX HomeCare** is committed to promoting safety and high standards of employee performance, productivity and reliability. In order to achieve this, I may be subjected to a drug test prior being hired to assure **KARBYX HomeCare** I do not currently have narcotics, sedatives, stimulants or other controlled substances and/or mood-altering substances in my body. I understand if I have any such substance in my body at the time of the drug test, **KARBYX HomeCare** will not hire me.

I understand that **KARBYX HomeCare** reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time and that no one in **KARBYX HomeCare** has the authority to enter into any agreement for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by an authorized representative of **KARBYX HomeCare**.

Applicant's Signature _____ **Date** _____

Pursuant to Title VII of the Civil Rights Act of 1965 (42 U.S.C., 20000d et seq.) and 45 C.F.F. Part 80, 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 6101 et seq.), Matrix adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment and for all persons employed by KARBYX HomeCare. KARBYX HomeCare, LLC, offers equal employment and advancement opportunities to qualified individuals without regard to race, color, religion, sex, age, national origin, marital status, disability or any other category protected by any applicable local, state, federal law, ordinance or regulation.

Application reviewed by: _____ **Date:** _____