

An Equal Opportunity Employer

All qualified applicants will receive consideration for employment, services, programs or activities without regard to race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, or any other characteristic protected by law.

(All sections must be completed. Please print clearly in ink.)

EMPLOYMENT APPLICATION	Position applying for:	
	Are you interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Desired Salary:
	How did you hear about this position? <input type="checkbox"/> Indeed <input type="checkbox"/> Referral <input type="checkbox"/> NCWorks <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> LinkedIn <input type="checkbox"/> Other	
	<i>If referral, who referred you to us?</i>	

PERSONAL DATA

First Name		Middle Name/Initial	Last Name	
Address		City	State	ZIP
Home Phone	Mobile Phone		Email Address	
Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:	Discharge Type:	Discharge Date:	
List any relatives now employed by Western North Carolina Community Health Services, Inc. and their relationship to you:				

OTHER INFORMATION

Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		License #	State
Are you authorized to work in the U.S. on an unrestricted bases? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been told the essential functions of the job <i>or</i> have you been viewed a copy of the job description listing the essential functions of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you perform these essential functions of the job with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
BACKGROUND INFORMATION:			
Have you been convicted of a traffic offense in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a misdemeanor or felony offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
For each conviction, please give details below:			
Date	Offense	City/State	Disposition
Note: A conviction record will not exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent offense was, and nature of offense will be considered.			

EMPLOYMENT HISTORY – please list most recent employer first.		
1. Employer:		Job Title:
Address:	From:	To:
City, State, Zip:		
Telephone:	Supervisor's Name:	
Duties:		
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Employer:		Job Title:
Address:	From:	To:
City, State, Zip:		
Telephone:	Supervisor's Name:	
Duties:		
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Employer:		Job Title:
Address:	From:	To:
City, State Zip:		
Telephone:	Supervisor's Name:	
Duties:		
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Employer:		Job Title:
Address:	From:	To:
City, State, Zip:		
Telephone:	Supervisor's Name:	
Duties:		
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION	School Name and Address	Dates Attended	Did you Graduate?	Degree/Major
High School				
Technical, Business, Trade School(s)				
College(s)				
Graduate School(s)				

SKILLS/CERTIFICATIONS/LICENSES	
List any skills, abilities, special certifications, licenses, special training, badges or courses you have had that you feel are applicable to the position you are applying for. Include skills with equipment or machines.	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

REFERENCES			
Please list a least 2 people, not related to you, who have knowledge of your qualifications for the position you are applying for and at least 2 people that can attest to your character.			
Name & Occupation	Company	Email Address	Telephone #(s)
1.			
2.			
3.			

If needed for any section, attach additional sheet(s) of information.

READ CAREFULLY BEFORE SIGNING

- **I hereby certify** that all of the information provided by me in this application (or any other accompanying or required documents) is accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.
- **I authorize** without reservation my former employers, other persons or organizations to verify the accuracy of all information provided by me in this application resume and/or job interview. I release all parties involved from any and all liability for any and all damage that may result from providing such information.
- **I understand** that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Western North Carolina Community Health Services (WNCCHS) that such employment is at will, for no specified duration and may be terminated by either WNCCHS or myself at any time, with or without cause or notice.
- **I understand** that if offered a position, I will be required to authorize a pre-employment and throughout my employment: a check of criminal conviction record, prior rights violations, motor vehicle records, Federal Department of Health and Human Services Office of Inspector General list of all excluded individuals and entities and submit proof of employment eligibility required by the Department of Homeland Security/ U.S. Citizenship and Immigration Services.
- **I certify** that if I am a male between the ages of 18 and 26, that I am aware of and in compliance with all applicable registration requirements of the Military Selective Service Act.
- **I understand** that this application is considered current for only for 30 day. If I wish to be considered for employment after this period I may be required to fill out and submit a new application.

By signing below; I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS

Signature

Date

EEO-1 Applicant Voluntary Self Identification Form

Dear Applicant,

It is our policy that equal opportunity employment shall be afforded to all qualified persons and that there shall be no discrimination against any person in any aspect of employment because of race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status. The purpose for this EEO Data Record is to comply with government recordkeeping, reporting, and other legal requirements. This data is for statistical analysis with respect to the success of the Affirmative Action program.

The completion of the EEO Data Record is **voluntary**. If you choose to volunteer the requested information, please note that all EEO Data Records are kept in a confidential file and are not a part of your application for employment or personnel file. Inclusion or exclusion of any data will not affect any employment decision.

Name _____ Date _____

Position for which you are applying _____

GENDER: Male Female Do not identify as Male or Female (Non-Binary)

ETHNIC ORIGIN: (check one of the following)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

White (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American (not Hispanic or Latino): A person having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other

Asian (not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent; for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

American Indian or Alaskan Native (not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

Two or More Races (not Hispanic or Latino): All persons who identify with more than one of above five races.

I do not wish to disclose.

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____ Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Voluntary Self-Identification of Veteran Status

Completing this form is completely voluntary.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will only be used in ways to help us measure the effectiveness of our outreach and recruitment efforts of veterans.

Western North Carolina Community Health Services is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment (1) disabled veterans; (2) recently separated veterans; (3) active-duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined as follows:

1. A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
2. A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
3. An "active-duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
4. An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War, which is defined as occurring from August 2, 1990, to the present.

If you believe you belong to any of the categories of protected veterans, please indicate by checking the appropriate box below.

- I identify as one or more of the classifications of protected veteran listed above
- I am not a protected veteran
- I do not wish to answer

Name: _____ Date: _____

For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.