

WESTERN NORTH CAROLINA COMMUNITY HEALTH SERVICES

An Equal Opportunity Employer

EMPLOYMENT APPLICATION	Position applying for: _____
	Desire: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Acceptable Salary: _____
	Date Available: _____

PERSONAL DATA

First Name	Middle Name	Last Name	
Address	City	State	ZIP
Home Phone	Business Phone	Mobile Phone	
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: _____			

CRIMINAL HISTORY

Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No License # _____ State _____			
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.			

If needed, attach additional sheet(s).

Emergency Contact:		
Name	Address	Phone Number

EMPLOYMENT HISTORY – Begin with present employer and then most recent.

1. Employer:		Job Title:	
Address:		From:	To:
City:	State:	Starting Salary:	
Telephone:		Ending Salary:	
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:	Starting Salary:	
Telephone:		Ending Salary:	
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:	Starting Salary:	
Telephone:		Ending Salary:	
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:	Starting Salary:	
Telephone:		Ending Salary:	
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

List any skills, abilities, special certifications, licenses, special training, 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	Address	Telephone #(s)
1.			
2.			
3.			
4.			
5.			

AFFIDAVIT – PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that I have given true, complete and accurate information on this employment application. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that a background check of my credit, criminal history, driving, education, or other records may be conducted before employment. I permit Western North Carolina Community Health Services, Inc. to conduct a police and court records investigation of my background if considered relevant for the job for which I am applying.

I understand that employment with Western North Carolina Community Health Services, Inc. will be contingent upon documentation of my identity and eligibility to work for wages in the United States and completion of Immigration and Naturalization Service Form I-9 in accordance with the Immigration Reform and Control Act of 1986.

I authorize any and all of my current and previous employers, including the U. S. Government or U.S. Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide Western North Carolina Community Health Services, Inc. with any job related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Western North Carolina Community Health Services, Inc. will maintain confidentiality of this information as required by North Carolina General Statutes.

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 or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that my employment will be that of an employee at will.

I have read, understand, agree, and consent to the above by my signature.

Signature_____ Print Name_____ Date_____

DOB_____ SS#_____

UNSIGNED APPLICATIONS WILL NOT BE PROCESSED