



**Application for Employment**

Applying for: Full Time [ ]  
 Part Time [ ]

Date of Application: \_\_\_\_\_

Position being applied for? \_\_\_\_\_

When can you report to work? \_\_\_\_\_

What salary do you expect (approximate)? \_\_\_\_\_

All statements and questions are to be completed; the answers will be confidential.

**1. PERSONAL INFORMATION**

Your name in full \_\_\_\_\_

LAST FIRST INITIAL

Your address \_\_\_\_\_

STREET CITY STATE ZIP

Social Security Number \_\_\_\_\_ Home phone number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Other phone number where you could be reached \_\_\_\_\_

**2. WORK EXPERIENCE**

Give your full employment record - start with your current or most recent employment: (We will assume we have your permission to contact these firms unless you indicate to the contrary.)

NAME AND ADDRESS OF PREVIOUS EMPLOYER	PERIOD OF EMPLOYMENT (Month - Year)	COMPLETE THE FOLLOWING	REASON FOR LEAVING
EMPLOYER	FROM	KIND OF BUSINESS	
ADDRESS	TO	POSITION	
REASON FOR SEPARATION	PHONE (area) (exchange no.)	SUPV's NAME	SALARY

EMPLOYER	FROM	KIND OF BUSINESS	
ADDRESS	TO	POSITION	
REASON FOR SEPARATION	PHONE (area) (exchange no.)	SUPV's NAME	SALARY

EMPLOYER	FROM	KIND OF BUSINESS	
ADDRESS	TO	POSITION	
REASON FOR SEPARATION	PHONE (area) (exchange no.)	SUPV's NAME	SALARY

EMPLOYER	FROM	KIND OF BUSINESS	
ADDRESS	TO	POSITION	
REASON FOR SEPARATION	PHONE (area) (exchange no.)	SUPV's NAME	SALARY

If you are presently employed, may we contact employer? [ ] Yes [ ] No

### 3. EDUCATION AND SKILLS

Give record of all High Schools, Colleges, Universities and Special Schools you have attended.

NAME OF SCHOOL	ADDRESS OF SCHOOL	GRADE COMPLETED OR DEGREE(s)	SUBJECTS STUDIED OR MAJOR

### 4. SPECIAL PERSONAL INFORMATION

<input type="checkbox"/> Drivers License Number _____ State Issuing License _____ <input type="checkbox"/> License Information: List States where you have been or are currently licensed: State _____ License# _____ Expiration (mo/yr) _____ _____ <input type="checkbox"/> Have you ever been convicted of a crime, excluding misdemeanors? <input type="checkbox"/> No <input type="checkbox"/> Yes
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If Yes, please describe in full \_\_\_\_\_

(Applicant, please note that a conviction of a crime is not an automatic bar to employment. - All circumstances will be considered)

**5. REFERENCES (Other than previously listed).**

Give the names and addresses of persons who know you (not relatives). (We will assume we have your permission to contact these people unless you indicate to the contrary.)

Name _____ Address _____ Phone # _____ Business or Position _____ Years Known _____	Name _____ Address _____ Phone # _____ Business or Position _____ Years Known _____	Name _____ Address _____ Phone # _____ Business or Position _____ Years Known _____
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**6. PLEASE READ VERY CAREFULLY**

In consideration of my employment, if I am employed, I agree to conform to the employment policies of Carolina Healthcare Network, and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either Carolina Healthcare Network or myself. I understand that completion of this Application For Employment does not guarantee that I have been employed by Carolina Healthcare Network.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by Carolina Healthcare Network until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that Carolina Healthcare Network requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at Carolina Healthcare Network's discretion.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_