



How did you hear about the position for which you are applying?

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental and/or intellectual disability, age, military status, veteran status (including protected veterans), marital status, registered domestic partner or civil union status, familial status, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information, sexual orientation, or any other protected status.

— PLEASE TYPE OR PRINT IN INK —			Today's Date	
First Name	MI	Last Name	Social Security No.	
Current Mailing Address			Date of Birth	
City	County	State	ZIP Code	
Daytime Telephone	Home Telephone	Email Address		
Position for which you are applying	Full-Time or Part-Time (circle)	Date available to report	What is your minimum salary requirement?	
Shift available to work – Day Shift or Night Shift (circle)		Days/Hours NOT AVAILABLE for work?		
Have you ever been employed by Pineville Community Health Center? Yes or No (circle). If yes, please list departments and dates of employment:				

EDUCATION & TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?	
High School				Yes	No
GED				Yes	No
Colleges*				Yes	No
Graduate School				Yes	No
Trade School				Yes	No

Indicate School and Last Name(s) Used at Time of Graduation

Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
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RECORD OF CONVICTION:

During the last ten years, have you ever been convicted of a crime other than a minor traffic offense? Yes or No (circle)

If yes, explain:

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age, date of conviction, seriousness and nature of crime, and rehabilitation will be considered.)

Can you, after employment, submit verification of your legal right to work in the United States?	Yes	No	Are you 16 years old or over?	No	Yes ▶	Age	16	17	18 or over
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EMPLOYMENT HISTORY (List all work experience beginning with the present or most recent job)

CURRENT / MOST RECENT JOB	Name of Employer			Type of Business	
	Address		City	State	ZIP Code
	Title			Type of Employment Part-Time Full-Time	
	Supervisor Name		Supervisor Phone Number		Human Resource/Payroll Phone Number
	May We Contact? Yes No	Employed From (month/year)	Employed To (month/year)		Last Salary \$
	Brief Description of Duties			Reason for Leaving	
PREVIOUS EMPLOYMENT	Name of Employer			Type of Business	
	Address		City	State	ZIP Code
	Title			Type of Employment Part-Time Full-Time	
	Supervisor Name		Supervisor Phone Number		Human Resource/Payroll Phone Number
	May We Contact? Yes No	Employed From (month/year)	Employed To (month/year)		Last Salary \$
	Brief Description of Duties			Reason for Leaving	
PREVIOUS EMPLOYMENT	Name of Employer			Type of Business	
	Address		City	State	ZIP Code
	Title			Type of Employment Part-Time Full-Time	
	Supervisor Name		Supervisor Phone Number		Human Resource/Payroll Phone Number
	May We Contact? Yes No	Employed From (month/year)	Employed To (month/year)		Last Salary \$
	Brief Description of Duties			Reason for Leaving	

BUSINESS REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years.)

Name	Occupation/Association	Telephone	Email Address
1.			
2.			
3.			

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin or disability or any other protected class.

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AGREEMENT (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application or in the application process may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Pineville Community Health Center any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Pineville Community Health Center, from liability for any damage that may result from furnishing same to Pineville Community Health Center.

DRUG TESTING: I understand and agree that, subject to applicable law, I may be required to take a drug and alcohol screening test. I also understand that if I test positive for the presence of drugs or alcohol, I will be ineligible for employment with the company.

Applicant's Signature	Date Signed (mm/dd/yyyy)
Print Full Name	Last 4 Digits of Social Security No.