



Employment Application

Applications for Roanoke Chowan Community Health Center and its subsidiary corporate entities are accepted and employees are chosen for employment without regard to race, color, religion, sex, age, national origin, marital, citizenship or veteran status, or disability.

Please complete all questions, leaving nothing blank. Type or print neatly. Attach resume or extra sheet if desired. This application will be kept on file for 3 months. You must submit a new application if you wish to apply after that time.

Application Number: _____

Name (Please print FULL NAME) LAST		FIRST	MIDDLE	HAVE YOU EVER APPLIED OR SUBMITTED A RESUME / APPLICATION TO RCCHC? <input type="checkbox"/> YES <input type="checkbox"/> NO
PRESENT STREET ADDRESS				COUNTY
CITY CODE		STATE	ZIP	COUNTRY
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	PHONE NO. FOR MESSAGES / NAME TYPE _____		Passport #
EMAIL ADDRESS				
IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE 18 YEARS OF AGE OR OLDER IF REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE A RELATIVE WORKING FOR ANY AREA OF RCCHC? IF YES, PLEASE PROVIDE RELATIVE NAME (S), ENTITY (S), AND RELATIONSHIP (S) HAVE YOU EVER WORKED FOR RCCHC OR ITS ENTITIES? IF YES, PLEASE PROVIDE DATE (S), DEPARTMENT (S), ENTITY <input type="checkbox"/> YES <input type="checkbox"/> NO				
CHECK DESIRED STATUS: <input type="checkbox"/> ANY <input type="checkbox"/> FULL TIME <input type="checkbox"/> VARIABLE FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> POOL <input type="checkbox"/> TEMPORARY WORK DAYS: <input type="checkbox"/> ANY <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY SHIFT: <input type="checkbox"/> ANY <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> MIDNIGHT				
POSTION (S) APPLIED FOR: FIRST CHOICE:	DEPARTMENT NAME		REQUISITION #	
POSTION (S) APPLIED FOR: SECOND CHOICE:	DEPARTMENT NAME		REQUISITION #	
PLEASE USE SEPARATE SHEET IF ADDITIONAL POSITIONS ARE DESIRED				

OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED: 																	
HOW WERE YOU REFERRED? (PLEASE BE SPECIFIC) 																	
EDUCATION						CIRCLE LAST SCHOOL YEAR COMPLETED											
						HIGH			COLLEGE			GRADUATE					
						9	10	11	12	13	14	15	16	17	18	19	20
NAME OF SCHOOL(S) AND COMPLETE ADDRESSES						TYPE OF DEGREE		GRADUATE YES/NO		FROM MO. YR.		TO MO. YR.		YEAR GRADUATED		MAJOR	
HIGH SCHOOL(S) – CITY & STATE																	
UNDERGRADUATE COLLEGE(S) – CITY & STATE																	
GRADUATE COLLEGE(S) – CITY & STATE																	
OTHER PROFESSIONAL TRADE, SECRETARIAL, ETC.																	
PLEASE LIST ANY AWARDS YOU HAVE RECEIVED IN THE LAST 10 YEARS 																	
There may be a need to communicate with patients and others who do not speak English. If you are proficient in a language other than English, please complete the following section:																	
Language: _____												<input type="checkbox"/> Read		<input type="checkbox"/> Write		<input type="checkbox"/> Speak	
Frequency: _____												<input type="checkbox"/> Low		<input type="checkbox"/> Moderate		<input type="checkbox"/> High	
PROFESSIONAL REGISTRATION, LICENSE INFORMATION: (Must be completed if required by the position applied for.)																	
		REGISTRATION NUMBER		RENEWAL NUMBER		DATE ISSUED			DATE EXPIRES			TYPE					
STATE																	
NATIONAL																	
SPECIALIZED TRAINING AND/OR EXPERIENCE																	
CERTIFICATIONS: (ACLS, CCRN, EKG, CPR, NAI, NAIL, etc.)				Registration or Certificate #		Date Issued			Expiration Date			Renewal #					
MILITARY SERVICE																	
Do you have any experience from military service that would be relevant to the job(s) for which you are applying? If yes, explain in detail. (Give dates) 																	
PROFESSIONAL MEMBERSHIPS: Please exclude memberships of which would reveal your sex, race, religion, national origin, disability, or other protected status.																	

RECORD OF EMPLOYMENT

RECORD OF EMPLOYMENT List all employment for at least the last 10 years starting with your most recent position. Attach a separate sheet if needed. A resume may be attached, but this application is still required and must be completed in its entirety.				
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your present employer for a work reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After notice is given				
FIRM NAME		JOB TITLE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		JOB DUTIES		
TELEPHONE	SUPERVISOR'S NAME			
DATES EMPLOYED	SUPERVISOR'S TITLE		REASON FOR LEAVING	
From:	To:			
FIRM NAME		JOB TITLE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		JOB DUTIES		
TELEPHONE	SUPERVISOR'S NAME			
DATES EMPLOYED	SUPERVISOR'S TITLE		REASON FOR LEAVING	
From:	To:			
FIRM NAME		JOB TITLE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		JOB DUTIES		
TELEPHONE	SUPERVISOR'S NAME			
DATES EMPLOYED	SUPERVISOR'S TITLE		REASON FOR LEAVING	
From:	To:			
FIRM NAME		JOB TITLE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		JOB DUTIES		
TELEPHONE	SUPERVISOR'S NAME			
DATES EMPLOYED	SUPERVISOR'S TITLE		REASON FOR LEAVING	
From:	To:			
FIRM NAME		JOB TITLE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		JOB DUTIES		
TELEPHONE	SUPERVISOR'S NAME			
DATES EMPLOYED	SUPERVISOR'S TITLE		REASON FOR LEAVING	
From:	To:			
UNEMPLOYMENT Please account for all periods of unemployment for a minimum of the past 10 years. Attach a separate sheet if needed.				
DATES		STATE WHAT YOU WERE DOING		PERSONAL REFERENCE WHO WILL VERIFY THIS INFORMATION
From:	To:			
From:	To:			
From:	To:			

PERSONAL REFERENCES

List two people who are not related to you and are not previous employers.

NAME OCCUPATION	ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE
1. _____	_____	_____
2. _____	_____	_____

TECHNICAL / CLINICAL REFERENCES Please list two people familiar with your technical ability that we may contact, No relatives, please.

NAME	ADDRESS	BUSINESS / POSITION	TELEPHONE

EMERGENCY CONTACTS

NAME	TELEPHONE NUMBER	NAME	TELEPHONE NUMBER
RELATIONSHIP	()	RELATIONSHIP	()
ADDRESS (STREET, CITY, STATE, ZIP CODE)		ADDRESS (STREET, CITY, STATE, ZIP CODE)	
EMPLOYER	TELEPHONE NUMBER & EXT. ()	EMPLOYER	TELEPHONE NUMBER & EXT. ()

HAVE YOU EVER BEEN CONVICTED IN A COURT OF LAW OR PLEADED NOLO CONTENDERE TO AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION?

☐ YES ☐ NO IF YES, PLEASE EXPLAIN IN DETAIL, ON ATTACHED CRIMINAL RECORD BACKGROUND CHECK FORM.

ANSWERING THIS QUESTION "YES" WILL NOT NECESSARILY RESULT IN DENIAL OF EMPLOYMENT, FACTORS, SUCH AS AGE AT TIME OF OFFENSE, DATE OF OFFENSE, REMOTENESS OF OFFENSE AND TERMS OF ADJUDICATION WILL BE TAKEN INTO ACCOUNT.

READ THE FOLLOWING SECTIONS CAREFULLY BEFORE SIGNING**Acknowledgement and Release: Application and Records**

It is the goal of RCCHC and its entities to employ the qualified individual who best matches the requirements for the position to be filled. I certify that the statements herein are made truthfully without evasion and agree that the statements may be investigated and if found false may subject me to disqualification for employment or be sufficient reason for my dismissal. I authorize all schools which I have attended and all previous employers to furnish to RCCHC and its subsidiary corporate entities my employment record, reason for leaving and all information they may have concerning me and hereby release them and RCCHC and its subsidiary corporate entities from all liability for any damage whatsoever arising there from.

Acknowledgement and Release: Substance Prevention Policy

I have been informed and acknowledge that Roanoke Chowan Community Health Center (RCCHC) and its subsidiary corporate entities have a Substance Abuse Prevention Policy which includes a **Zero Tolerance Provision**. I understand that applicants for positions with these corporations may receive pre-employment drug screening as part of the hiring process and that hiring decisions are contingent upon the results.

I specifically consent to and agree to provide body fluid sample (blood and/or urine) for drug and/or alcohol screening in accordance with this policy as part of the application process.

I understand that if I am not hired because of a positive drug screen, I will not be reconsidered for employment at RCCHC or any of its subsidiary corporate entities until I can document twelve (12) continuous months of treatment for drug abuse.

I understand and specifically consent and agree that any positive drug screening results will be furnished to the appropriate RCCHC employment office and to my professional licensing board, if appropriate. I further understand that once hired, subsequent positive drug screens or refusal to provide samples when requested will make me subject to disciplinary action up to and including termination.

Applicant Signature and Date_____
Witness Signature and Date

Criminal Background Check Form

Criminal record checks will be performed on every applicant hired at Roanoke Chowan Community Health Center (RCCHC) or its subsidiary corporate entities.

**If the information you furnish on this form is found to be false, you will be disqualified / dismissed.
You will not be considered for future employment / service for 18 months.**

Please answer the following questions concerning your past history (Check all that apply):

1. Have you ever been
- a. Convicted of a misdemeanor? Not necessary to include minor traffic violations. ☐ Yes ☐ No
 - b. Convicted of a worthless check(s) (If you have paid off a check at Magistrate's office or Courthouse this is probably a worthless check conviction) ? ☐ Yes ☐ No
 - c. Convicted of any DWI's (Driving While Impaired) ? ☐ Yes ☐ No
 - d. Convicted of violation or violations of any drug laws, the Controlled Substances Act of North Carolina or similar laws of any state or nation? ☐ Yes ☐ No
 - e. Convicted of any crimes of violence such as assault, harassment, communicating threats, rape, kidnapping, manslaughter, murder? ☐ Yes ☐ No
 - f. Convicted of a felony? ☐ Yes ☐ No
 - g. Convicted of any crime involving child abuse, child neglect, or indecent liberties with a minor? ☐ Yes ☐ No
 - h. Convicted of a violation or violations of a Professional Practice Act? ☐ Yes ☐ No

IF THE ANSWER TO ANY OF THE FOREGOING QUESTIONS IS "YES", PLEASE EXPLAIN EACH CONVICTION ON THE BACK SIDE OF THIS FORM, INCLUDING DATE, COUNTY AND STATE OF CONVICTION. IF NEEDED, ADDITIONAL SHEETS ARE AVAILABLE UPON REQUEST IN THE OFFICE FROM WHICH YOU OBTAINED THIS APPLICATION.

2. Please list all names you have ever been known by including birth name, previous marriage(s), legally changed, nicknames and aliases.

(1) _____ (2) _____
(3) _____ (4) _____

3. Please list street, city and state where you have lived for the last ten (10) years including military and school addresses (use additional sheet if more space is needed).

_____ Street	_____ Street	_____ Street
_____ City	_____ City	_____ City
_____ County	_____ County	_____ County
Dates From _____ to _____	Dates From _____ to _____	Dates From _____ to _____

I hereby certify that the answers on this application and this insert are true and correct, and that any misrepresentation or false information on my part will disqualify me as a candidate for employment / service, or if employed, will be grounds for discipline up to and including termination.

In connection with this request, I authorize all law enforcement agencies, city, state, county and federal courts to release information they may have about me to the corporate entity of RCCHC to which I am applying or someone acting on their behalf.

Signature of Applicant

Date

Print Full Name

Valid Driver's License Number (if you do not have license state reason)

Current Address

State where license was issued

City, State Zip Code

Please use this sheet to explain your conviction(s).

DATE of Conviction: _____

COUNTY and STATE OF Conviction: _____

CONVICTION: (Crime for which you were convicted): _____

Explain: (Optional)

Please use this sheet to explain your conviction(s).

DATE of Conviction: _____

COUNTY and STATE OF Conviction: _____

CONVICTION: (Crime for which you were convicted): _____

Explain: (Optional)

Please use this sheet to explain your conviction(s).

DATE of Conviction: _____

COUNTY and STATE OF Conviction: _____

CONVICTION: (Crime for which you were convicted): _____

Explain: (Optional)