



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: _____ Read Write Speak

Frequency: Low Moderate 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 From: To:	SUPERVISOR'S TITLE	REASON FOR LEAVING	ENDING PAY RATE
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 From: To:	SUPERVISOR'S TITLE	REASON FOR LEAVING	ENDING PAY RATE
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 From: To:	SUPERVISOR'S TITLE	REASON FOR LEAVING	ENDING PAY RATE
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 From: To:	SUPERVISOR'S TITLE	REASON FOR LEAVING	ENDING PAY RATE
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 From: To:	SUPERVISOR'S TITLE	REASON FOR LEAVING	ENDING PAY RATE

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.			
OCCUPATION	NAME	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
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?			
<input type="checkbox"/> YES <input type="checkbox"/> 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 workless 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	County	City
_____	_____	_____
Dates	Dates	Dates
From _____ to _____	From _____ to _____	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)