

Kinston Community Health Center, Inc.
Hope for Equal Access



Employment Application

The KCHC uses the following procedures concerning its Employment Application. These procedures are to streamline the application process and to ensure compliance with various laws and regulations the Company follows in accepting and considering job applications. If you do not follow these procedures, your application will not be considered.

1. As used in this Application, "Company" refers to Kinston Community Health Center, Inc.
2. The Application must be completed fully. A resume may be attached as a supplement, but it is not a substitution for fully, truthfully, and accurately completing the Application.
3. Do not list or identify on the application information that reveals your race, creed, color, national origin, age, religion, disability, or sex. You will be asked to voluntarily provide this information in a separate document the Company maintains as required by various laws.
4. Do not provide information that is not specifically requested.
5. **Applications are only accepted when positions are available.**
6. Some positions may require completion of a multiple choice, typing, or other job-related test. Please check with the Human Resources Department to determine if the position you are seeking requires completion of such a test. If so, please indicate to the Human Resources Department if you need an accommodation to complete that part of the application process.
7. The company is proud to be an Equal Opportunity Employer, M/F/D/V.

TO BE COMPLETED BY HUMAN RESOURCES

Position(s) desired/Job Number _____ Date of Application ____/____/____

NOTICE: This Application is considered active for thirty (30) days from the above date. For further consideration after this date, a new application must be submitted.

PLEASE PRINT

Personal Information

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone _____

Are you over the age of eighteen? Yes No
Have you been previously employed by this company? Yes No If yes, when? _____
Are you legally eligible for employment in the country? Yes No
Are you willing to travel? Yes No
Are you related by blood or marriage to anyone that works at KCHC? Yes No If yes, please list

What hours, shifts or days are you seeking to work?

Note: Answering "Yes" to the following questions will not automatically eliminate you from consideration for employment. In considering you for employment we will consider the nature and seriousness of the offense or offenses; the time that has passed since the conviction and/or completion of the sentence; and the nature of the job you are seeking.

Have you ever pled guilty, "no contest," or been convicted of a felony? Yes No

If yes, please give date and details of each: _____

Have you ever been dismissed, terminated, or forced to resign from any employment? Yes No

If yes, please give date and details of each such termination of employment: _____

Skills and Qualifications

Summarize any training, skills, licenses, and/or certifications that may qualify you for this position.

Summarize any equipment that you operate, software with which you are familiar or additional information that may qualify you for this position.

Education

	School Name, City, State	Last Grade or Level Completed	Diploma or Degree	Course/ Major
High School				
College, Business, Vocational or Other Training				
Graduate/ Professional				

Employment History

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any military service and any period of unemployment. If self-employed, give firm name and supply business references, and, if necessary, request a continuation page to fully and accurately complete this.

From:	Employer	Phone
To:	Address:	City, State, Zip
Start Salary:	Job Duties	Immediate Supervisor
Final Salary:	Reason For Leaving:	

From:	Employer	Phone
To:	Address:	City, State, Zip
Start Salary:	Job Duties	Immediate Supervisor
Final Salary:	Reason For Leaving:	

From:	Employer	Phone
To:	Address:	City, State, Zip
Start Salary:	Job Duties	Immediate Supervisor
Final Salary:	Reason For Leaving:	

Professional References

Name	Title/Company	Telephone/Address
Name	Title/Company	Telephone/Address
Name	Title/Company	Telephone/Address

Specialized Skills Complete if applicable to the position for which you are applying:

Clerical applicants:

How many words per minute can you type?	What are your computer skills?	What software applications can you use proficiently?	Other machines
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Driving applicants:

Do you have a valid driver's license? Yes No
 Do you have access to a car or other motorized vehicle? Yes No
 Do you have or can you obtain liability insurance on such a vehicle? Yes No
Your driving record will be checked if you drive a company vehicle.

LIST ALL UNEXPIRED DRIVING LICENSES

STATE	OPERATOR'S LICENSE				RESTRICTIONS
	NUMBER	ISSUE DATE	EXP. DATE	CLASS	

Give State, Year and Number (if known) of all other Licenses held in the last seven years:

STATE	YEAR	NUMBER	STATE	YEAR	NUMBER	STATE	YEAR	NUMBER

STATEMENT OF CERTIFICATION

I hereby certify that this application (and accompanying resume, if any) is true and complete, contains no willful misrepresentation or falsification, and that the information given by me is true and accurate. I understand that should an investigation reveal any misrepresentation, falsification, or omission, such findings could result in the rejection of my application or in the immediate termination of my employment.

I authorize all previous and current employers or anyone identified as a reference to give any and all information concerning my employment history to the Company, and release all parties of any and all liabilities from any damage, which may result from the furnishing of such information.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time, with or without notice, and the Company has the same right. I agree that the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like, as they may exist from time to time, shall not serve as a such writing to modify the at will nature of my employment. No one other than the Chief Operating Officer of the Company has the authority to modify the at will nature of the employment relationship or make any agreement to the contrary. Any such modification must be in writing.

I agree to submit to any physical examination and/or lawful drug and alcohol integrity testing that may be required as a post offer condition of employment. I understand any offer of employment will be contingent upon successful results of a drug screen, physical examination, or a background investigation, if applicable.

Applicant Signature

Date