

COMMUNITY HEALTH SERVICES OF UNION COUNTY, INC.

1338-C East Sunset Drive
Monroe, NC 28112

Phone (704) 296-0909
Fax (704) 296-0946

**APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer**

I. PERSONAL INFORMATION:

Name _____
Last First Middle

Present Address _____
Street

City State Zip Code
Social Security Number: _____ Home Phone #(____) _____

Work Phone #(____) _____ May we contact you at work? ___ Yes ___ No

Referred by: _____

Are you under 18 years of age? ___ Yes ___ No Driver's License #: _____ State _____

Position applied for _____ Salary Desired: _____

Date you can start: _____ Have you ever applied with our firm before? ___ Yes ___ No

Have you worked with this firm before? ___ Yes ___ No If yes, explain: _____

Any limitations on working hours? ___ Yes ___ No If yes, explain: _____

II. EDUCATION:

Name & location of school	Major/Minor (if any)	Graduate, Degree & Date	Grade Average
High School			
College			
Other: Certifications, Graduate School, Etc.			

List any hobbies, interests, extracurricular school activities related to the position applied for or scholastic honors received _____

Skills and qualifications: office equipment, computers, computer programs, spreadsheets, and statistical reports, etc. _____

Typing Speed _____ WPM Bi-Lingual? Languages Spoken: _____

III. Employment History: (START WITH PRESENT OR LAST POSITION – LIST LAST FIVE (5) EMPLOYERS)

Month & Years From To	Name & address of employer	Salary:		Position	Reason for Leaving
		Starting	Ending		
Supervisor's name & Phone #:					

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Month & Years From To	Name & address of employer	Salary:		Position	Reason for Leaving
		Starting	Ending		
Supervisor's name & Phone #:					

May we contact the employers listed above? _____ If not, indicate the one (s) you do not wish us to contact: _____

IV. REFERENCES: (EXCLUDE RELATIVES AND FORMER EMPLOYERS)

Name/Title	Address and Phone No.	Occupation
1. _____ _____	_____ _____ _____	_____
2. _____ _____	_____ _____ _____	_____
3. _____ _____	_____ _____ _____	_____

V. I certify that the information contained in this application and/or submitted in my resume is true and complete to the best of my knowledge and understand that any false information on this application may be grounds for not hiring me and/or grounds for dismissal.

Date _____

Signature _____