

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit#*

\_\_\_\_\_ *City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

How did you hear about this position/NeighborHealth? \_\_\_\_\_

*Answering "yes" to any of the following does not necessarily disqualify an applicant from the selection process.*

Are you at least 18 years of age? .....  Yes  No  
*Employment may be subject to verification that you meet state and federal minimum age requirements or require a work permit.*

Are you a U.S. citizen, or do you have papers from the U.S. government permitting you to work?  Yes  No  
*Verification will be required at the time of employment.*

Have you ever been suspended, terminated, discharged or resigned to avoid being discharged?  Yes  No

Have you ever been disciplined for attendance problems in your current/previous employment?  Yes  No

Are there any gaps in employment in excess of thirty (30) days?  Yes  No

Have you ever been disciplined for attendance problems in your current/previous employment?  Yes  No

Do you have an automobile, insurance coverage and a valid North Carolina driver's license?  Yes  No

## EDUCATION

Highest Level of School Completed: \_\_\_\_\_ Diploma / Degree: \_\_\_\_\_  
*(High School, College, etc.) (GED, diploma, masters, etc.)*

Dates attended from: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_ Did you graduate? .....  Yes  No

***Serving Christ by loving our neighbors through excellent, compassionate, and accessible health care.***

## EMPLOYMENT HISTORY

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employed from: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_ Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ May we contact your previous supervisor?  Yes  No  
Reason for Leaving \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employed from: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_ Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ May we contact your previous supervisor?  Yes  No  
Reason for Leaving \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employed from: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_ Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ May we contact your previous supervisor?  Yes  No  
Reason for Leaving \_\_\_\_\_

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_



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