



## APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with Coastal Carolina Health Care, P.A. We are an equal opportunity employer and do not discriminate on the basis of age, race, color, religion, sex, disability, national origin, or any other legally protected status.

The American with Disabilities Act requires employers to provide equal opportunities to qualified applicants and employees who are able to perform the essential functions of the job, with or without reasonable accommodation. If you require an accommodation to complete this application or participate in an interview, please notify our Director of Human Resources.

Applications will remain active for a period of six months.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
*LAST FIRST MIDDLE*

Address: \_\_\_\_\_  
*STREET/PO BOX CITY STATE ZIP*

Telephone Number (\_\_\_\_) \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

### POSITION YOU ARE APPLYING FOR:

- Administrative Support       Billing       Department / Office Manager
- Finance       Information Technology       Laboratory
- Licensed Practical Nurse       Medical Assistant       Radiology / Imaging
- Registered Nurse       Other \_\_\_\_\_

Full Time     Part Time     PRN

Salary Requirements \$ \_\_\_\_\_

If hired, what date would you be able to start work? \_\_\_\_\_

**EDUCATION / TRAINING**

	Name	Attended From / To	Major	Graduated Yes / No	
High School	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Community College	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
College/University	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Graduate School	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**LICENSURE / CLINICAL CERTIFICATION**

Are you licensed, certified, or registered?  Yes  No

License or Certificate	Original State of Licensure	License or Certificate Number	Date of Expiration

**SKILLS INVENTORY** (check appropriate blocks)

Electronic Health Records:

- Allscripts
- Centricity Group Management
- Touch Chart

Microsoft Office:

- Word
- Excel
- Outlook

Laboratory Applications:

- Orchard

Additional Skills: \_\_\_\_\_

**EMPLOYMENT HISTORY** (list most recent position first)

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Job Title \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
*mm/yyyy* *mm/yyyy*

Full Time  Part Time

Salary \$ \_\_\_\_\_

Describe your duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_  
*mm/yyyy mm/yyyy*

Full Time     Part Time

Salary \$ \_\_\_\_\_

Describe your duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_  
*mm/yyyy mm/yyyy*

Full Time     Part Time

Salary \$ \_\_\_\_\_

Describe your duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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- May we contact your present employer? (if applicable)       Yes       No
- Have you ever been terminated by a former Employer?       Yes       No  
    If yes, please explain \_\_\_\_\_  
    \_\_\_\_\_
- Were you previously employed by CCHC?       Yes       No  
    If yes, position held and dates of employment \_\_\_\_\_

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**PERSONAL REFERENCES (Do not use former employers or relatives)**

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_

**GENERAL INFORMATION** (If you need to attach additional pages, include your name and address)

- Do you have any Criminal Convictions other than minor traffic citations?  Yes  No

If yes, please explain \_\_\_\_\_

*(Criminal convictions will not necessarily exclude you from consideration for employment. This information will be used only for job-related purposes and only to the extent permitted by law)*

- How did you learn about the position for which you are applying? \_\_\_\_\_

- Of all the qualified applicants, why should CCHC hire you? \_\_\_\_\_

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**APPLICANT CERTIFICATION**

I certify that the information provided by me in regard to my application for employment with Coastal Carolina Health Care, P.A. is complete and true to the best of my knowledge. I understand that falsified statements, misrepresentation or concealment of information may disqualify me from further consideration or may result in my discharge if discovered at a later date.

If employed by Coastal Carolina Health Care, P.A., I understand employment is on an “at-will” basis and may be terminated at anytime with or without cause by me or the employer. I understand my application for employment is not a contract and no representations, either verbal or written, have been made to me guaranteeing future employment, job security or long term advancement opportunities with Coastal Carolina Health Care, P.A.

I grant Coastal Carolina Health Care, P.A. permission to contact employers and personal references listed on this application. I authorize those employers and references to give any and all information concerning my previous employment or any other pertinent information they deem useful. I understand Coastal Carolina Health Care, P.A. may act on the information received from those employers and references at its discretion. I release Coastal Carolina Health Care, P.A. and all such employers and references from any liability whatsoever in furnishing this information.

Coastal Carolina Health Care, P.A. participates in E-Verify. To learn more about E-Verify, visit <http://www.dhs.gov/e-verify>.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE