



Coastal Carolina Health Care, PA

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.

[Empty rectangular box]

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

[Empty rectangular box]

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 _____
	<i>mm/yyyy</i> <i>mm/yyyy</i>

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 _____

Employer _____
Address _____
Job Title _____

Supervisor _____
Telephone (____) _____
Dates: From _____ to _____
mm/yyyy mm/yyyy

Full Time Part Time

Salary \$ _____

Describe your duties _____

Reason for Leaving _____

■ 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 _____

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? _____

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