

# EMPLOYMENT APPLICATION

Chatham Hospital, Inc.  
P.O. Box 649  
475 Progress Blvd.  
Siler City, NC 27344  
(919).799.4000

Our policy prohibits discrimination based on race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Those applicants requiring reasonable accommodations to complete this form should notify the Human Resources department.

Position(s) Applied For	Date of Application
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How Did you Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other:

Last Name	First Name	Middle Name
Address <i>Number Street</i>		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

Best time to contact you	<input type="checkbox"/> AM <input type="checkbox"/> PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date	
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give dates of employment and Position(s) Held	
Are you related by blood or marriage to any person now working for Chatham Hospital? <i>If yes, give name and relationship to you.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work:	Desired salary range:
Availability:	Shift: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third
<input type="checkbox"/> Full-Time	Shift: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
<input type="checkbox"/> Part-Time	Dates available: _____
<input type="checkbox"/> Temporary	Until _____
Are you currently on "Lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if the job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of an offense against the law other than a minor traffic violation? <i>A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain: _____	
_____	

**CHATHAM HOSPITAL IS AN EQUAL OPPORTUNITY EMPLOYER**

## EDUCATION

Select the highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12  
 GED  
 College 1 2 3 4  
 Grad School 1 2 3 4

Schools	Name and Location	Major/Minor Course Work	Dates Attended (mo/yr)		Diploma/Degree	Grad?
			From:	To:		
High School						<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University						<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate/Professional						<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify)						<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship and extra-curricular activities:

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Describe any job-related training received in the United States military:

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## WORK HISTORY

*Include any job-related military service assignments and volunteer activities.*

*You may exclude any which indicate race, color, religion, gender, national origin, handicap or other protected status.*

Current or Last Employer		Dates Employed		Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Ending	
Reason For Leaving				

Employer		Dates Employed		Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Ending	
Reason For Leaving				

Employer		Dates Employed		Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Ending	
Reason For Leaving				

If you need additional space, please use continuation page.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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**OTHER QUALIFICATIONS***Special job-related skills and qualifications gained from employment or other experience.*


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**SPECIALIZED SKILLS**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Other
<input type="checkbox"/> PC	<input type="checkbox"/> Word Processing	
<input type="checkbox"/> Typewriter WPM	<input type="checkbox"/> Medical Transcription WPM	

Additional information you feel may be helpful to us in considering your application.

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**REFERENCES**

1.	Name	Phone
	Address	
2.	Name	Phone
	Address	
3.	Name	Phone
	Address	

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied?

YES                       NO

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if dishonest, misleading or fraudulent disclosures are provided to meet position qualifications .

Signature of Applicant (unsigned applications will not be processed)

Date

**CHATHAM HOSPITAL IS AN EQUAL OPPORTUNITY EMPLOYER**

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is (Are) Open:  YES  NO

Positions Considered For:

Date: