



800 PELHAM ROAD ■ GREENVILLE, SC 29615 ■ 864.234.5800

APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability or veteran status.

EEOE

DRUG FREE WORKPLACE (DFWP)

IF YOU HAVE A RESUME, YOU CAN ATTACH A COPY IN A PDF OR WORD (DOC) FILE FORMAT TO THE EMAIL AFTER HITTING THE SUBMIT BUTTON

DATE

DATE OF BIRTH

NAME

Last Name

First Name

Middle Name

STREET ADDRESS

CITY

STATE

ZIP CODE

CONTACT PHONE #

EMAIL ADDRESS

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?
(You may be required to provide documentation.)

YES

NO

Are you looking for full-time employment?
If **NO**, what hours are you available?

YES

NO

Are you willing to work evenings?

YES

NO

Are you willing to work at our other offices?

YES

NO

Have you ever been convicted of a felony?
(This will not necessarily affect your application.)

YES

NO

I understand that in the event I receive a job offer, a SLED background check will be done.

If **YES**, please describe conditions.

EMPLOYMENT DESIRED

POSITION APPLIED FOR

How did you hear of this opening?

Have you ever applied for employment here?

YES

NO

When?

Where?

Have you ever been employed by this company?

YES

NO

When?

Where?

Are you available for FULL-TIME work?

YES

NO

Are you available for PART-TIME work?

YES

NO

You understand you may have to travel on occasion to our other offices?

YES

NO

Are you presently employed? **YES** **NO**
May we contact your present employer? **YES** **NO**
Date you can start
Desired starting salary
Please list applicable skills, special training or licenses

EDUCATION

SCHOOL NAME & LOCATION	YEAR GRADUATED	MAJOR	DEGREE
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HIGH SCHOOL

COLLEGE

COLLEGE

POST-COLLEGE

OTHER TRAINING

In addition to your work history, are there any other skills, qualifications or experience that we should consider?

Please list any scholastic honors received and offices held in school

Are you planning to continue your studies? **YES** **NO**
If YES, where and what courses of study?

EMPLOYMENT HISTORY*Start with your most recent employer***1**

COMPANY NAME

ADDRESS

TELEPHONE

DATE STARTED

STARTING WAGE

STARTING POSITION

DATE ENDED

ENDING WAGE

ENDING POSITION

NAME OF SUPERVISOR

May we contact?

YES

NO

Responsibilities

Reason for leaving

2

COMPANY NAME

ADDRESS

TELEPHONE

DATE STARTED

STARTING WAGE

STARTING POSITION

DATE ENDED

ENDING WAGE

ENDING POSITION

NAME OF SUPERVISOR

May we contact?

YES

NO

Responsibilities

Reason for leaving

3

COMPANY NAME

ADDRESS

TELEPHONE

DATE STARTED

STARTING WAGE

STARTING POSITION

DATE ENDED

ENDING WAGE

ENDING POSITION

NAME OF SUPERVISOR

May we contact?

YES

NO

Responsibilities

Reason for leaving

4

COMPANY NAME

ADDRESS

TELEPHONE

DATE STARTED

STARTING WAGE

STARTING POSITION

DATE ENDED

ENDING WAGE

ENDING POSITION

NAME OF SUPERVISOR

May we contact?

YES

NO

Responsibilities

Reason for leaving

REFERENCES

List three (3) personal references, not related to you, who have known you for more than one year.

NAME	Phone #	Years Known
ADDRESS		

NAME	Phone #	Years Known
ADDRESS		

NAME	Phone #	Years Known
ADDRESS		

EMERGENCY CONTACT

In case of emergency, please notify

NAME	Phone #
ADDRESS	

NAME	Phone #
ADDRESS	

PLEASE READ BEFORE SIGNING - ALL BOXES MUST BE CHECKED AS READ and UNDERSTOOD
(North Hills Medical Center will be referred to as "the company")

I certify that all information provided by me on this application is true and complete to the best of my knowledge, and that I have withheld nothing that, if disclosed, would alter the integrity of the application.

I authorize my previous employers, schools or person(s) listed as references to give any information regarding employment or educational record.

I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions or answers made by myself on this application.

In the event of any employment with this company, I will comply with all rules and regulations as set by the company and I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that in the event I receive a job offer, a SLED background check will be done.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

I hereby acknowledge that I have read and understand the above statements.

Signature

Date

CHECKING THIS BOX AND INSERTING YOUR NAME ACTS AS AN ELECTRONIC SIGNATURE

**SUBMIT
BY EMAIL**

