



Family Health Centers, Inc.
3310 Magnolia Street
Orangeburg, SC 29115
Ph. 803-531-6900
Application For Employment



Please print or type all information.

1. Title of Position Applying For		2. Location		3. Date of Application	
4. Name: Last First Middle Initial		5. Maiden Name			
6. Current Address: Number and Street			Apt. No.		7. Bus. Phone No:
8. City	9. State	10. Zip Code		11. Home Phone No:	
12. Education: 9 10 11 12 GED Associate's Bachelor's Master Ph.D.					
High School Name		Address:		City, State	
College/Technical School Name:		Degree Earned and Year		City, State	
College/Technical School Name:		Degree Earned and Year		City, State	
13. General Skills: Computer Skills–List Software and years of experience:				0-1 yr 1-2 yrs 2+yrs	

Professional License/Certificate (Other than Driver's License): _____

Additional Information: Attach additional pages if necessary.

14. Language other than English in which you are fluent: _____ Read Write Speak
 Language other than English in which you are fluent: _____ Read Write Speak

15. May we contact you at work? Yes No If yes, work number and best time to call: _____

16. Have you submitted an application with Family Health Centers before? Yes No
 If yes, give dates and position(s) applied for: _____

17. Do you have any relatives (by blood or marriage) working for Family Health Centers? Yes No
 If yes, A. List Name(s), B. Relationship(s), and C. Location
 A. _____ B. _____ C. _____
 A. _____ B. _____ C. _____

18. Has your employment ever been involuntarily terminated or have you ever resigned to avoid discharge (for any reason except lack of work) within the past ten years? Yes No
 If yes, list name and address of employer and date and reason for discharge/resignation.
 Name of Employer: _____ Address: _____
 State reason for discharge/resignation to avoid discharge: _____

19. Date available for work: _____ What is your desired salary range? _____

20. Type of employment desired: Full Time Part-time Temporary Volunteer

If Part-time – Hours Available _____

Employment History: This section **MUST BE COMPLETED** even if you are attaching a resume. Since every effort will be made to contact current and previous employers, correct telephone numbers are very important. Volunteer work or internships may also be included. Additional employment information may be attached.

Current or Most Recent Employer: _____ Full Time Part Time

Address _____ City _____ State _____ Zip Code _____ Phone number _____

Date employed: From _____ To _____

Job Title _____ Supervisor's Name _____

May we contact this supervisor? Yes No Salary: \$ _____ (Monthly)

Duties: _____

Reason for Leaving: _____

Second Most Recent Employer: _____ Full Time Part Time

Address _____ City _____ State _____ Zip Code _____ Phone number _____

Date employed: From _____ To _____

Job Title _____ Supervisor's Name _____

May we contact this supervisor? Yes No Salary: \$ _____ (Monthly)

Duties: _____

Reason for Leaving: _____

Third Most Recent Employer: _____ Full Time Part Time

Address _____ City _____ State _____ Zip Code _____ Phone number _____

Date employed: From _____ To _____

Job Title _____ Supervisor's Name _____

May we contact this supervisor? Yes No Salary: \$ _____ (Monthly)

Duties: _____

Reason for Leaving: _____

Fourth Most Recent Employer: _____ Full Time Part Time

Address _____ City _____ State _____ Zip Code _____ Phone number _____

Date employed: From _____ To _____

Job Title _____ Supervisor's Name _____

May we contact this supervisor? Yes No Salary: \$ _____ (Monthly)

Duties: _____

Reason for Leaving: _____

FAMILY HEALTH CENTERS, INC. WILL CONDUCT DRUG SCREENS, CRIMINAL BACKGROUND CHECKS, AND PERSONAL AND EMPLOYER REFERENCE CHECKS FOR ALL APPLICANTS PRIOR TO EMPLOYMENT.

If the job for which you are applying requires driving, please answer the following questions:

Driver's License # _____ Type _____ State _____ Expiration Date _____
Endorsements _____ Restrictions _____
Full Auto Insurance Yes No

Are you legally eligible for employment in this country? Yes No

Have you ever been convicted of a criminal offense? Yes No

Note: **Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.**

If yes, please list charge(s) _____

Where Convicted	Date	Disposition Statue
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Please give the names of three references, not relatives, who are familiar with your work.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PLEASE CAREFULLY READ AND SIGN BOTH OF THE FOLLOWING STATEMENTS

Certification of Applicant: I certify that the answers given by me to the forgoing questions and statements are true and correct without consequential omissions of any kind. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed, would be cause for termination, and Family Health Centers, Inc. shall not be liable in any respect for such action or termination. As an applicant with Family Health Centers, I understand that, if hired, I must comply with the employee Drug and Alcohol Policy and the Immigration Reform and Control Act of 1986, which requires proof of employment eligibility. Additionally, I agree to submit to a pre-employment drug screening test as required by Family Health Centers and understand that my application will be rejected if I fail to do so. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer before beginning work.

Signature _____ Date _____

CERTIFICATION

By my signature, I authorize the Agents of Family Health Centers to conduct a background check pertaining to my suitability for employment which may include current and former employer job reference checks, criminal history check and medical evaluation. I hereby release said companies, schools or persons from all liability for any damage of issuing this information.

Signature _____ Date _____

PLEASE USE THIS AREA TO ADD ANY ADDITIONAL INFORMATION/COMMENTS YOU MAY WANT TO INCLUDE ON LICENSES, CERTIFICATION OR OTHER JOBS HELD, THAT MEET THE EXPERIENCE REQUIREMENTS OF THE JOB YOU ARE APPLYING FOR.

PLEASE MAIL ALL COMPLETED AND SIGNED APPLICATIONS TO FAMILY HEALTH CENTERS, INC. ATTN: HUMAN RESOURCES, 3310 MAGNOLIA ST, OR P.O. BOX 1806 ORANGEBURG, SC 29115

EEOC DATA REPORTING FORM

The federal government requires that the following information be collected for statistical reporting as a part of the Affirmative Action Program. Refusal to answer will not result in adverse treatment of any applicant. **This information is not used in the employment process nor released in a manner which identifies the individual. This form will be removed prior to being forwarded to the hiring authority.**

Today's Date _____

Social Security Number _____

Last Name _____ (Maiden Name if applicable) _____

First Name _____ Middle _____

Position for which you are applying _____

Title

Sex (Check appropriate box) Male Female

Date of Birth _____ (required for SLED Check)

- Race (Check appropriate box)
1. American Indian / Alaskan Native
 2. Asian / Pacific Islanders
 3. Black / Non Hispanic
 4. Hispanic
 5. White / Non Hispanic

If handicapped or otherwise physically impaired, will you need reasonable accommodations to participate in the selection process (e.g., interview, written test, or job demonstration)? Yes No

If yes, please notify the Office of Human Resources at Family Health Centers, Inc.