



Family Health Centers, Inc.
3310 Magnolia Street, Orangeburg, SC 29115
Fax: 803-531-6907



Position for Which Applying: _____ Date of Application: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Birth Date (OPTIONAL): _____ Social Security #: _____

Are you legally eligible for employment in this country: () Yes () No

Education (Circle highest grade completed): 9 10 11 12 GED Associate's Bachelor's Master's MD PhD

High School, Name/Address: _____

College Name/Address: _____

Degree Received: _____

College Name/Address: _____

Degree received: _____

Professional Licenses & License #'s/Certifications Held: _____

Computer Skills (List Software & Years of Experience): _____

Languages other than English in which you are fluent: _____ () Read () Write () Speak

Do you have any relatives, blood or marriage, working for Family Health Centers, Inc.? () Yes () No

If yes, list name(s) & relationship(s): _____

Has your employment ever been involuntarily terminated or have you ever resigned to avoid discharge within the last ten

years? () Yes () No If yes, list the name and address of employer, date and reason for discharge/resignation: _____

If the job you are applying for requires driving: Driver's License #: _____ Expiration Date: _____

Have you ever been convicted of a criminal offense? () Yes () No (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): _____

_____ Date(s): _____ Disposition Status: _____

Type of work desired: () Full Time () Part Time () Temporary

If Part Time, list days and hours available: _____

Date Available for Work: _____ Desired salary range: _____

Employment History: This section must be completed even in you are attaching a resume.

Current or Most Recent Employer: _____ () FT () PT

Address: _____

Phone #: _____ Supervisor's Name: _____

Dates Employed: _____ to _____ Job Title: _____

May we contact this supervisor? () Yes () No Gross Salary: \$ _____ per () Hour () Year

Major Duties: _____

Reason for Leaving: _____

Second Most Recent Employer: _____ () FT () PT

Address: _____

Phone #: _____ Supervisor's Name: _____

Dates Employed: _____ to _____ Job Title: _____

May we contact this supervisor? () Yes () No Gross Salary: \$ _____ per () Hour () Year

Major Duties: _____

Reason for Leaving: _____

Third Most Recent Employer: _____ () FT () PT

Address: _____

Phone #: _____ Supervisor's Name: _____

Dates Employed: _____ to _____ Job Title: _____

May we contact this supervisor? () Yes () No Gross Salary: \$ _____ per () Hour () Year

Major Duties: _____

Reason for Leaving: _____

Fourth Most Recent Employer: _____ () FT () PT

Address: _____

Phone #: _____ Supervisor's Name: _____

Dates Employed: _____ to _____ Job Title: _____

May we contact this supervisor? () Yes () No Gross Salary: \$ _____ per () Hour () Year

Major Duties: _____

Reason for Leaving: _____

Please give the names of three references, not relatives, who are familiar with your work:

Name: _____ email Address: _____

Phone #: _____ Address: _____

Name: _____ email Address: _____

Phone #: _____ Address: _____

Name: _____ email Address: _____

Phone #: _____ Address: _____

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

PLEASE READ CAREFULLY AND, TO BE CONSIDERED FOR EMPLOYMENT, SIGN BOTH OF THE FOLLOWING STATEMENTS:

Certification of Applicant: I certify that the answers given by me to the foregoing 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, Inc., 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, Inc. 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, Inc. 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: _____

