



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Languages Fluently Spoken: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

You are looking for (please circle): FULL TIME PART TIME PRN

At which locations are you willing to work (check all that apply):

**Greenwood Locations:**

- Administrative Office
- Carolina Community Pharmacy NW
- Carolina Community Pharmacy @ The Village
- The Children's Center
- Uptown Family Practice
- Village Family Practice

**Clinton Locations:**

- HomeTown Pediatrics
- Laurens County Community Care Center (LC4)

**Other Locations:**

- Calhoun Falls Family Practice
- Lakelands Family Practice
- McCormick Family Practice
- Ridge Spring Family Practice
- Saluda Family Practice
- Ware Shoals Family Practice

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

*(Current/Most recent employer)*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

*(Next most recent employer)*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

*(Next most recent employer)*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Relatives at Carolina Health Centers**

Do you have any relatives employed at Carolina Health Centers or serving as the Current Board Members? If Yes, please list:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

## Certification of Applicant

*I certify that all the information submitted by me on the application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Drug Free Work Policy

*Carolina Health Centers, Inc. conducts pre-employment, post-accident, for cause, and random drug screening as part of the drug free work policy. I understand that I will be tested as a condition of employment. Positive results during the pre-employment screening will result in withdrawal of employment offer. I understand that I may reapply after six months, and must successfully pass a pre-employment drug test.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Release to Conduct Background Verification

*I authorize a representative of Carolina Health Centers, Inc. to verify all information provided on the application for employment. Verification methods consist of, but are not limited to, criminal background checks, driving records, and previous employment checks.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*For background verification purposes, please provide the following information:*

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Do you possess a valid driver's license? \_\_\_ Yes \_\_\_ No

If yes, please provide:

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_