Logo, company name

Description automatically generated

Position Applied For       Position Number

First Name MI Last Name

           

Address City State Email Address

     

Zip Code County Daytime Phone Evening Phone

           

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | High School | Vocational/  Technical | College/  University | Graduate/  Professional |
| School Name  and Location |  |  |  |  |
| Did you Graduate? | Yes  No  GED | Yes  No | Yes  No | Yes  No |
| Dates Attended |  |  |  |  |
| Credit Hours |  |  |  |  |
| Type Degree |  |  |  |  |
| Course of Study/Major |  |  |  |  |

**SKILLS**

List any fields of work for which you are currently licensed, registered, or certified. Give dates and sources of issuance. If applicable, please list NPI # and Medicare #.

List any office or other special skills you possess (typing wpm, shorthand, business machines, professional equipment, etc)

List any computer hardware and software with which you have experience.

List any foreign languages in which you are fluent.

**GENERAL INFORMATION Please Answer All Questions**

1. Do you currently work for Catawba Valley Healthcare?   yes no
2. Are you a former employee of Catawba Valley Healthcare?   yes no

If yes, indicate Dept. and Date Separated

* Are you related by blood or marriage to any person currently employed by Catawba Valley Healthcare?  yes  no

If yes, indicate Name, Dept., and Relationship

1. Have you ever worked under another name? (Used to verify work experience, education, etc.)   yes  no

If yes, please list

1. Are you legally eligible to work in the United States?   yes  no

* If you have a valid driver’s license, indicate state of issuance and DL#        yes  no

1. Have you ever been convicted of any unlawful offenses, other than a minor traffic violation:  yes  no

**If yes, please explain fully on separate sheet. Application will be disqualified without**

**an explanation sheet.**

NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at the time

of offense, rehabilitation efforts, how recent the offense was, nature of the crime and the type of job for which you

are applying for will be considered.

1. When will you be available to begin work (mo/day/yr)?

**PLEASE READ CAREFULLY**

**EMPLOYMENT HISTORY**

Using a separate section for each position, describe in detail ALL work experiences beginning with your present or most recent job. List all jobs you have held. Include periods of unemployment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application. DO NOT REFER TO RESUME.

Employer Address Phone

           

Job Title Supervisor’s Name and Title No. Supervised by You

     

Date Employed (Mo/Yr)       Starting Salary: $      Per       May We Contact Employer?

Date Separated (Mo/Yr)       Ending Salary: $       Per        yes  no

Full-time       #years       #months  Part-time      # years       # months; If Part-time, # of hours worked per week

Reason for Leaving/Wanting to Leave:

Description of Work:

Employer Address Phone

           

Job Title Supervisor’s Name and Title No. Supervised by You

           

Date Employed (Mo/Yr)       Starting Salary: $      Per       May We Contact Employer?

Date Separated (Mo/Yr)       Ending Salary: $       Per        yes  no

Full-time      # years      #months  Part-time      # years       # months; If Part-time, # of hours worked per week

Reason for Leaving:

Description of Work:

Employer Address Phone

           

Job Title Supervisor’s Name and Title No. Supervised by You

           

Date Employed (Mo/Yr)       Starting Salary: $      Per       May We Contact Employer?

Date Separated (Mo/Yr)       Ending Salary: $       Per        yes  no

Full-time      # years      #months  Part-time      # years       # months; If Part-time, # of hours worked per week

Reason for Leaving:

Description of Work:

Employer Address Phone

Job Title Supervisor’s Name and Title No. Supervised by You

Date Employed (Mo/Yr)       Starting Salary: $      Per       May We Contact Employer?

Date Separated (Mo/Yr)       Ending Salary: $       Per        yes  no

Full-time       #years       #months  Part-time      # years       # months; If Part-time, # of hours worked per week

Reason for Leaving:

Description of Work:

Employer Address Phone

Job Title Supervisor’s Name and Title No. Supervised by You

Date Employed (Mo/Yr)       Starting Salary: $      Per       May We Contact Employer?

Date Separated (Mo/Yr)       Ending Salary: $       Per        yes  no

Full-time       #years       #months  Part-time      # years       # months; If Part-time, # of hours worked per week

Reason for Leaving:

Description of Work:

**CERTIFICATION**

**I certify** that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application, or dismissal if I am employed. I also understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States. A background check of my driving, criminal, credit, or other records may be conducted before employment. I permit Catawba Valley Healthcare to conduct a police and court records investigation of my background if relevant to the job for which I am applying.

**I authorize** any and all of my current and previous employers, including the U.S. Government or U.S. Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide Catawba Valley Healthcare with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of Federal or State law, I also waive any right I may have to review confidential material or information received by Catawba Valley Healthcare from a person, employer, or institution.

**I understand** that Catawba Valley Healthcare is a drug free workplace and that I must pass a drug urinalysis test, and may be required to pass a physical examination provided by Catawba Valley Healthcare, before I may be employed by Catawba Valley Healthcare.

**I certify** that if I am a male between the ages of 18 and 26, I am aware of and in compliance with all applicable registration requirements of the Military Selective Service Act.

      Date:

Signature of Applicant (Typed name constitutes signature)

|  |
| --- |
| Catawba Valley Healthcare  Employment Application |

**Catawba Valley Healthcare Personnel Office**

**327 1st Ave NW**

**Hickory, NC 28601**

**Phone: 828-695-5900**

**FAX: 828-324-7860**

[**WWW.CVHNC.ORG**](http://WWW.CVHNC.ORG)

**APPLICATION INSTRUCTIONS**

**PLEASE READ AND FOLLOW CAREFULLY**

1. Applications are accepted for current Catawba Valley Healthcare vacancies only.
2. A separate application must be completed for each position for which you apply.
3. Please type or print application information. Use Black Ink ONLY to complete the application.
4. Photocopies of the Application may be submitted with the current date, position desired, and an original signature.
5. Resumes and cover letters may be submitted with the completed application for supplemental information.
6. Incomplete applications will not be considered. Applications that are received unsigned, undated, incomplete, or after the closing date, will be eliminated from consideration.
7. A completed Catawba Valley Healthcare must be either submitted to the Personnel Department located at 327 1st Ave NW, Hickory, NC 28601 by 5:00 pm or mailed to the above address and postmarked by 5:00 pm on the closing date to be considered for a current vacancy.
8. Catawba Valley Healthcare does not keep applications on file. You must apply for each vacancy for which you want to be considered.
9. All applications become the property of Catawba Valley Healthcare and cannot be returned.
10. Catawba Valley Healthcare is a drug free work place. All persons offered employment must have a negative drug test before being employed by Catawba Valley Behavioral Healthcare.

**Catawba Valley Healthcare is an equal opportunity employer.**

It is the policy of Catawba Valley Healthcare to prohibit discrimination on the basis of race, gender, creed, national origin, religion, age, or disability in employment or the provision of services.

**Equal Employment / Applicant Data**

Catawba Valley Healthcare is an Equal Opportunity Employer. Catawba Valley Healthcare prohibits discrimination based on race, gender, creed, national origin, religion, age, or disability in employment or the provision of services.

The information below is requested for data collection purposes and will be used only to evaluate how well our recruitment efforts are reaching all segments of the population.

The information on this form will in no way affect you as an applicant. This data will be physically separated from the remainder of your job application before the application is considered for possible employment.

We would appreciate you providing this information. However, completing this form is strictly voluntary. **Please return this section even if not completed.**

Date of Birth       /       /

(mo) (day) yr)

Gender  Male

Female

Ethnicity  White (Caucasian, Non-Hispanic)

Black (African-American, Non-Hispanic)

Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)

Asian (including Pacific Islander)

American Indian (including Alaskan native)

How did you become aware of this position?

Hickory Daily Record  Cable TV

Charlotte Observer  Employment Security Commission

CareerBuilder.com  E-Mail

Other Newspaper, which one        Employment Agency

Catawba Valley Healthcare Web Site  Trade Journal, which one

CVH Employee  Other Internet site, which site

Friend  Other (please specify)