

APPLICATION FOR EMPLOYMENT

**Community Medicine Foundation
1131 Saluda Street
P O Box 28
Rock Hill, S.C. 29730**

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Please print clearly

Applicant Name _____ **Position Applied For** _____ (list only one)

Telephone Number () _____ **Alternate/cellular Telephone Number** () _____

Present Address _____

Street, Apartment or Unit Number

Email Address (optional) _____ **Desired Salary/Hourly Rate** _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full time Part-time (Specify Hours) _____

Are you willing to work overtime? Yes No **Date on which you can start work if hired** _____

Have you previously applied for employment with this Company? Yes No

If Yes, when and where did you apply? _____

Have you ever been employed by this Company? Yes No

If Yes, provide dates of employment and reason for separation of employment _____

Date available for work ___/___/___ **What is your desired salary range \$** _____

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational records. For example, change of name, use of an assumed name, nickname, etc _____

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree

Honors Received _____

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume".

Employer _____		
Employer Name _____	Address _____	Type of Business _____
Telephone (____) _____	Dates Employed from ____/____/____	To ____/____/____
Job Title _____	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, why not? _____		
Wages Start _____	Final _____	Reason for Leaving _____
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, for what? _____		
How much notice did you give when resigning? If none, explain: _____		

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If No, why not? _____		
Wages Start _____	Final _____	Reason for Leaving _____
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, for what? _____		
How much notice did you give when resigning? If none, explain: _____		

Have you ever been terminated or asked to resign from any job? Yes No If yes how many times? _____

Has your employment ever been terminated by mutual agreement? Yes No If yes how many times? _____

Have you ever been given the choice to resign rather than be terminated Yes No If yes how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references

NAME	OCCUPATION	WORK RELATIONSHIP (i.e. supervisor, coworker)	Telephone	E-mail address (important for credentialing)

DRIVING INFORMATION (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license? Yes No If yes, License No. _____ State _____ Expiration Date. __/__/__

If you do not have a driver's license for the state in which you currently reside, why not? _____

Has your license ever been suspended or revoked? Yes No If so Yes, please explain: _____

Do you have personal automobile insurance? Yes No If No, please explain _____

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? Yes No If yes, please explain: _____

Please list all moving traffic violations in the last five (5) years

OFFENSE	DATE	LOCATION	COMMENTS

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver’s license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive or negative dilute, the employment offer may be withdrawn or I may be required to retest within 24 hours. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company’s policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company’s policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume’ or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

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I authorize the Company or its agents to confirm all statements contained in this application and/or resume' as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery of disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by This Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF ONE (1) YEAR. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature _____ Date _____ / _____ / _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE APPLICABLE FOR ALL INDUSTRIES.