

Read Before Completing Application: Wake County Medical Society Community Health Foundation (WCMS-CHF) does not discriminate in hiring or employment on the basis of race, color, sex, religion, genetic information, disability, national origin, citizenship, military status, or on the basis of age for those 18 years or older. No application question is intended to secure information to be used for such discrimination. Proof of identity & work authorization will be required upon employment in accordance with federal regulations. **WCMS-CHF intends to check and hold you responsible for the accuracy of statements you make on this application.**

Personal Data

Last Name _____ First _____ Middle _____ SSN: _____
 Address _____
 (Street) (City) (State) (Zip)
 Home Phone _____ Cell Phone: _____ Email: _____
 Are you 18 years or older? Yes No
 Have you ever been convicted of a crime other than a minor traffic violation? Yes No (If yes, contact WCMS-CHF HR to explain (919-792-3624). A "yes" answer does not necessarily preclude consideration for employment)

Educational Data - Circle Highest Grade Completed:

Grade through High School: 1 2 3 4 5 6 7 8 9 10 11 12 College/Univ: 1 2 3 4 5 Grad: 1 2 3 4

Type of School	Name of School	Location (City/State)	Major/ Course of Study	Did You Graduate?
High School				
College				
Business/Trade School				
Graduate School				

List Degree(s), Licenses, Certifications:

For licensed professionals, do you have an unrestricted NC license? __ Yes __ No

Employment

Job applied for _____ When can you start work? _____ Salary desired _____
 Have you ever applied here before? _____ When? _____ What position? _____
 Have you ever previously worked for WCMS-CHF? _____ When? _____ What position? _____

Work History

Are you currently covered by a non-compete agreement with any former employer? Yes No
 If yes, identify employer _____

Company	Location (City/State)	Start Date-Salary ___/___/___ \$_____
Job Title	Reason for Leaving	End Date-Salary ___/___/___ \$_____
Supervisor (Name/Title)	Phone ()	
Responsibilities/Duties		
If this is your current employer, may we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company	Location (City/State)	Start Date-Salary ___/___/___ \$_____
Job Title	Reason for Leaving	End Date-Salary ___/___/___ \$_____
Supervisor (Name/Title)	Phone ()	
Responsibilities/Duties		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company	Location (City/State)	Start Date-Salary ___/___/___ \$ _____
Job Title	Reason for Leaving	End Date-Salary ___/___/___ \$ _____
Supervisor (Name/Title)		Phone ()
Responsibilities/Duties		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Relatives In Our Employment Name	Relationship

Military

Branch of Service: _____

Duties in the service, including schools and training: _____

Special Skills What knowledge, technical or computer skills and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate and/or any software applications you are proficient in.

List any first aid or emergency response training for which you are currently certified (give date of certification).

Professional References - Give up to two professional references (other than employers)

Name	Occupation	Yrs Known	Phone	Email Address

Affidavit - I authorize, without liability, investigation of all statements in this application. I authorize all schools which I attended and all previous employers to furnish to WCMS-CHF my record, reason for leaving and all information they may have concerning me, and hereby release them and WCMS-CHF from all liability for any damage whatsoever arising therefrom.

I understand that unless I indicate otherwise, WCMS-CHF may contact current and previous employers listed under Work History to verify employment information and obtain a work reference. I authorize those individuals listed as Professional References to furnish WCMS-CHF with information regarding my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in the event of my employment by WCMS-CHF, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. If hired, I agree to comply with the policies, standards and business ethics of WCMS-CHF. I understand that my employment is at will and may be terminated by me or WCMS-CHF at any time without additional consideration or notice. I understand that no WCMS-CHF representative (except the Executive Director) has the authority to commit to any definite term of employment or alter the at-will employment agreement, and that any such agreement must be in writing and signed by the Executive Director. I further understand that unless I indicate otherwise, WCMS-CHF may contact the current and/or previous employers.

Signature _____ Date _____