

Bertie County Rural Health Assoc. Employment Application

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A. Upon completion of this application, please email it to: mail@bcrha.org

Name and Address							
Name (First, MI, Last)				Social Security Number			
Mailing Address							
City, State, and Zip Code							
Telephone				Alternate Phone			
If under 18, please list age				Email			
Job Type							
Days/hours available to work							
I have no preference.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
		Full-time job		Part-time job		Full- or Part-time	
How many hours can you work weekly?						Date available to begin	
Additional Information							
Have you ever been employed by this organization in the past?						Yes	No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						Yes	No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						Yes	No
If Yes, please explain:							
Do you have a driver's license?			Yes	No	Driver's license number		
Have you had any accidents during the past three years?						How many?	
Have you had any moving violations during the past three years?						How many?	

Education				
School	Location (mailing address)	Years Completed	Major	Degree or Diploma
High School				
College or Business/Trade School				
Military				
Have you even been in the Armed Forces?	Yes	No	Date entered	
Are you now a member of the National Guard?	Yes	No	Discharge date	
Specialty				

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? Yes No		
Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? Yes No		

Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? Yes No		

References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.
2.
3.
4.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature	Date
-----------	------

In Consideration of this Application for Employment, I acknowledge that Bertie County Rural Health Association may request information regarding my character, general reputation, and mode of living.