

## CABARRUS ROWAN COMMUNITY HEALTH CENTERS, INC.

**An Equal Opportunity Employer**

**McGill**  
**Family Medicine**  
 202D McGill Ave  
 Concord, NC  
 28025

**Logan**  
**Family Medicine**  
 298 Lincoln St  
 Concord, NC  
 28025

**China Grove**  
**Family Medicine**  
 308 E. Centerview St  
 China Grove, NC  
 28023

**Northern Rowan**  
**Family Medicine**  
 300 N Salisbury Ave  
 Spencer, NC 28159

|                               |   |
|-------------------------------|---|
| <b>EMPLOYMENT APPLICATION</b> | Position applying for:  |
|                               | Desire: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
|                               | Acceptable Salary:  |
|                               | Date Available:   |

**PERSONAL DATA**

|   |                |                 |
|---|----------------|-----------------|
| First Name  | Middle Name    | Last Name       |
| Address   | City           | State      ZIP  |
| Home Phone  | Business Phone | Mobile Phone    |
| Military Service:<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Branch:        | Discharge Type: |
|   |                | Discharge Date: |
| List any relatives now employed by Cabarrus Rowan Community Health Centers, Inc. and their relationship to you: _____ |                |                 |

**CRIMINAL HISTORY**

|   |         |            |             |
|---|---------|------------|-------------|
| Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No License # _____ State _____   |         |            |             |
| Have you been convicted of a traffic offense in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No   |         |            |             |
| Have you ever been convicted of a misdemeanor or felony offense? <input type="checkbox"/> Yes <input type="checkbox"/> No   |         |            |             |
| For each conviction, please give details below:   |         |            |             |
| Date  | Offense | City/State | Disposition |
|   |         |            |             |
|   |         |            |             |
|   |         |            |             |
| Note: A conviction record will not exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent offense was, and nature of offense will be considered. |         |            |             |

If needed, attach additional sheet(s).

|                           |         |              |
|---------------------------|---------|--------------|
| <b>Emergency Contact:</b> |         |              |
| Name                      | Address | Phone Number |
|                           |         |              |

**EMPLOYMENT HISTORY** – Begin with present employer and then most recent.

|                     |        |  |     |
|---------------------|--------|--|-----|
| <b>1. Employer:</b> |        | Job Title:   |     |
| Address:            |        | From:  | To: |
| City:               | State: | Starting Salary:   |     |
| Telephone:          |        | Ending Salary:   |     |
| Duties:             |        |  |     |
|                     |        |  |     |
| Reason for Leaving: |        | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |     |
| <b>2. Employer:</b> |        | Job Title:   |     |
| Address:            |        | From:  | To: |
| City:               | State: | Starting Salary:   |     |
| Telephone:          |        | Ending Salary:   |     |
| Duties:             |        |  |     |
|                     |        |  |     |
| Reason for Leaving: |        | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |     |
| <b>3. Employer:</b> |        | Job Title:   |     |
| Address:            |        | From:  | To: |
| City:               | State: | Starting Salary:   |     |
| Telephone:          |        | Ending Salary:   |     |
| Duties:             |        |  |     |
|                     |        |  |     |
| Reason for Leaving: |        | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |     |
| <b>4. Employer:</b> |        | Job Title:   |     |
| Address:            |        | From:  | To: |
| City:               | State: | Starting Salary:   |     |
| Telephone:          |        | Ending Salary:   |     |
| Duties:             |        |  |     |
|                     |        |  |     |
| Reason for Leaving: |        | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |     |

**EDUCATION**

|                                      | School Name and Address | Dates Attended | Did you Graduate? | Degree/Major |
|--------------------------------------|-------------------------|----------------|-------------------|--------------|
| High School                          |                         |                |                   |              |
|                                      |                         |                |                   |              |
| Technical, Business, Trade School(s) |                         |                |                   |              |
|                                      |                         |                |                   |              |
| College(s)                           |                         |                |                   |              |
|                                      |                         |                |                   |              |
| Graduate School(s)                   |                         |                |                   |              |
|                                      |                         |                |                   |              |

**SKILLS/CERTIFICATIONS**

|   |     |
|---|-----|
| List any skills, abilities, special certifications, licenses, special training, or courses you have had that you feel are applicable to the position you are applying for. Include skills with equipment or machines. |     |
| 1.  | 6.  |
| 2.  | 7.  |
| 3.  | 8.  |
| 4.  | 9.  |
| 5.  | 10. |

**REFERENCES**

| Please list a least 2 people, not related to you, who have knowledge of your qualifications for the position you are applying for and at least 2 people that can attest to your character. |         |         |                |
|--|---------|---------|----------------|
| Name & Occupation  | Company | Address | Telephone #(s) |
| 1.   |         |         |                |
| 2.   |         |         |                |
| 3.   |         |         |                |
| 4.   |         |         |                |

**AFFIDAVIT – PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

**I certify** that I have given true, complete and accurate information on this employment application. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

**I understand** that a background check of my credit, criminal history, driving, education, or other records may be conducted before employment. I permit Cabarrus Rowan Community Health Centers, Inc. to conduct a police and court records investigation of my background if considered relevant for the job for which I am applying.

**I understand** that employment with Cabarrus Rowan Community Health Centers, Inc. will be contingent upon documentation of my identity and eligibility to work for wages in the United States and completion of Immigration and Naturalization Service Form I-9 in accordance with the Immigration Reform and Control Act of 1986.

**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 Cabarrus Rowan Community Health Centers, Inc. 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. Cabarrus Rowan Community Health Centers, Inc. will maintain confidentiality of this information as required by North Carolina General Statutes.

**I understand** that I will be required to successfully pass a pre-employment drug screening examination. I hereby consent to pre-employment and postemployment drug screenings as a condition of employment as may be required by Cabarrus Rowan Community Health Centers, Inc.

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

**I understand** that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that my employment will be that of an employee at will.

**I have read, understand, agree, and consent to the above by my signature.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_

**UNSIGNED APPLICATIONS WILL NOT BE PROCESSED**

## ***Notice to Applicants***

*Cabarrus Rowan Community Health Centers, Inc.*

### **Drug-Free Workplace Policy**

Due to the health and safety risks of alcohol and drug abuse, applicants selected for employment by Cabarrus Rowan Community Health Centers, Inc. will be required to undergo a drug test. A positive test result will disqualify you from consideration for employment. A negative test result will not be guarantee of employment. Any applicants not willing to comply with this requirement may simply excuse themselves prior to completing the attached application form.

***Testing will cover the following seven (7) drugs:***

- Amphetamines*
- Cocaine (including crack)*
- Marijuana*
- Opiates*
- Phencyclidine (PCP)*
- Barbiturates*
- Benzodiazepines*

Or other drugs as appropriate

I understand and agree to the above testing requirements.

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Applicant signature

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Date