

An Equal Opportunity Employer



Application for Employment

Goshen Medical Center, Inc.
P.O. Box 187
Faison, NC 28341
910.267.1942
910.267.8683

Please Read Before Filling Out This Application

This Company does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **This Company intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from the Company within thirty days and wish to receive further consideration for employment, it will be necessary to complete another application form.

Personal Data

Social Security Number _____

Name: _____
Last First Middle

Are you 18 years or older? Yes _____ No _____

Address _____
Street City State Zip

Telephone Number _____

Have you ever been convicted of a felony other than minor traffic violations? Yes ___ No ___
(A "yes" answer to this question does not necessarily preclude consideration for employment)

Education

Circle Highest Grade Completed:				
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5		1 2 3 4
Grade, Junior High or High School		College or University		Graduate School
Type of School	Name of School	Location	Major Course of Study	Did you Graduate?
High School				
College				
Business or Trade School				
Graduate School				
List Degrees Obtained:				

Employment

Job applied for _____ Salary desired _____

Are you employed now? _____ If so, may we contact your present employer? _____

Have you ever applied here before? _____ When? _____

Have you ever worked for this Company before? _____ When? _____

Are you available to work any shift? _____ Any day of the week? _____

If not, for what shifts and days are you available? _____

When could you report for work? _____

Work History

Period of employment (Month/Year)	Name & Address of Company	Positions held or duties performed	Rate of Pay
From:	Company:		Start:
To:	Address:		Final:
Reason for leaving:			
Period of employment (Month/Year)	Name & Address of Company	Positions held or duties performed	Rate of Pay
From:	Company:		Start:
To:	Address:		Final:
Reason for leaving:			
Period of employment (Month/Year)	Name & Address of Company	Positions held or duties performed	Rate of Pay
From:	Company:		Start:
To:	Address:		Final:
Reason for leaving:			

Relatives In Our Employment

Name	Relationship	Name	Relationship

Military

Branch of Service: _____
Duties in the service, including schools and training: _____

Special Skills

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

References

Give three references who are not relatives or former employers.				
Name	Occupation	Years Known	Phone	Address

References

I authorize, without liability, investigation of all statements in this application. I expressly waive all provisions of law prohibiting any physician, person, hospital, or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the Company any knowledge or information hereby acquired.

I authorize all schools which I attended and all previous employers to furnish to the Company my record, reason for leaving and all information they may have concerning me, and hereby release them and the company from all liability for any damage whatsoever arising there from.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish the Company with information used in connection with the evaluation of my qualifications as a prospective employee. I also authorize the making of a credit bureau investigative report whereby information maybe obtained concerning my character, general reputation, personal characteristics and mode of living, whichever may be applicable. I understand I will be notified if such an investigation report is obtained and I will have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information concerning the nature and scope of the investigation.

I understand that in event of my employment by the Company, 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. In the event of my employment by the Company, I agree to abide by all present and subsequently issued rules of the Company.

Signature: _____

Date: _____



Have you ever pled guilty, pled “no contest”, or been convicted of any crime (including a traffic offense) which was not dismissed, annulled, expunged, or sealed by the court -or- are you currently serving probation or experiencing charges pending against you?

If yes, give date and details of each situation (add sheet, if necessary)

NOTE: Answering “Yes” to this question does not constitute an automatic bar to employment. In considering you for employment, we will consider the nature and seriousness of the offense(s); the time that has passed since the conviction and/or completion of the sentence; and the nature of the job you are seeking. Falsification of your answers may result in no job offer or dismissal if you are hired.

Signature: _____

Date _____



Goshen Medical Center Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Goshen Medical Center Inc. invites employees and applicants to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations; including those that require the information to be summarized and reported to the federal government. When reported, data will not identify any specific individual.

We invite you to provide the information requested below. You need only check the one box that most clearly describes your gender and racial/ethnic background. Again, participation is STRICTLY VOLUNTARY. Failure to provide this information will not subject you to any adverse personnel decisions or actions. Your cooperation is appreciated.

GENDER: (Please check one of the options) Male Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original people of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the people of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original people of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original people of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

HOW DID YOU HEAR ABOUT GOSHEN MEDICAL CENTER, INC? (Please check one that applies)

Newspaper Advertisement: _____

Internet Website: _____

State Employment Service: _____

Private Employment Agency: _____

Employee: _____

Walk-in: _____