

□ Full-time	□ Part- time
Department Name _	
Position Number	
Acceptable Salary \$	
Date Available	
f Part-time, list days	and hours availal

Employment Application Equal Opportunity Employer E-Verify Participating Employer

Please fill out this application completely. Email the completed, signed application to employment@cabarrushealth.org.

Name			
(Last)	(First)	(Middle)	(Email)
Address			
(# and Street	or P.O. Box)		(County)
(City)	(State)	(Zip Code)	
Primary Phone		Secondary Phone	
How would you like to	be contacted?		
Have you previously be	en employed by the Cab	arrus Health Alliance? 🗆 Yes 🗆 No	
ICYEC Lands	Canada and audion		
if YES, what dep	partment and when?		
		us County or the Cabarrus Health A	
List any relatives currer	ntly employed by Cabarru	us County or the Cabarrus Health A	
List any relatives currer	ntly employed by Cabarru		
List any relatives currer	ntly employed by Cabarru	us County or the Cabarrus Health A	lliance and their relationship
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Employment History - Continued ———		
Employer	Dution	
Employer	Duties:	
Your job title To		
Address		
Telephone	-	
Supervisor		
Number of people supervised by you:	Salary: Starting \$	Ending \$
Reason for leaving		
Employer	Duties:	
Your job title		
From To		
Address		
Telephone		
Supervisor		
Number of people supervised by you:	Salary: Starting \$	Ending \$
Reason for leaving		
Employer	Duties:	
Your job title	Duties:	
Your job title To	Duties:	
Your job title From To Address	Duties:	
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Your job title To Address Telephone Supervisor		
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Your job title To From To Address Telephone Supervisor Number of people supervised by you:	Salary: Starting \$	Ending \$
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Your job title To Address Telephone Supervisor Number of people supervised by you: Reason for leaving	Salary: Starting \$	Ending \$
Your job title To To Address Telephone Supervisor Number of people supervised by you: Reason for leaving Employer	Salary: Starting \$	Ending \$
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Your job title To Address Telephone Supervisor by you: Reason for leaving Your job title From To Address Telephone Supervisor Supervisor	Salary: Starting \$ Duties: Salary: Starting \$	Ending \$

High School Technical, Business, or Trade School(s) College(s)	Name /Address of School	Dates Attended	Did you Graduate?	Degree and Major
Technical, Business, or Trade School(s)				
Technical, Business, or Trade School(s)				
Trade School(s)				
College(s)				
Graduate				
Graduate				
Skills, Certification	າ			
Please list any skills, abilities,	languages special certifica	ation licenses special	training or courses your	have had that you feel are
applicable to the position for				
(a)		(f)		
(a)		(1)		
(b)		(g)		
(c)		(h)		
(d)		(i)		
(e)		(j)		
Military Record				
Have you ever served in the U	.S. Military Service? ☐ Yes	□ No Da	te of Discharge	
Duty Assignments				
Education or Work Experience	· Acquired			

the position for which you are applying. Do not repeat the name of supervisors listed above.

Name	Business/Occupation	Address	Telephone

Special Notices (Read Completely)

1. Cabarrus Health Alliance is an Equal Opportunity Employer

It is policy of Cabarrus Health Alliance to select employees on the basis of qualifications and without regard to race, sex, disability, age, religion, political affiliation, or national origin, except where specific age, sex, or physical requirements constitutes a bona fide occupational qualification necessary for job performance.

2. Cabarrus Health Alliance Requires Pre-Employment Drug Screening

As part of the pre-employment process required by Cabarrus Health Alliance, finalist for all positions must submit to a urinalysis drug screening.

A negative result from the drug screening is a condition of employment.

Refusal to supply the necessary samples in a reasonable and timely manner or producing a positively confirmed test result for the presence of illegal drugs will result in your being denied employment with Cabarrus Health Alliance.

3. Background Investigation

To ensure a safe and secure working environment for employees and clients, the Cabarrus Health Alliance will implement a comprehensive background check on all potential employees. All applicable state, federal, and local laws governing employment and background screening will be followed. Screens will include:

- Social security number validation
- Address history
- North Carolina statewide criminal
- Comprehensive criminal
- National sex offenders
- Health Care Provider Search (all licensed, certified personnel)
- Education verification (highest degree)
- Employment verification
- Motor vehicle report (if position requires a valid driver's license)
- Ongoing monitoring of all employees for DMV convictions and arrests

4. The Immigration Reform and Control Act of 1986 Requires Employment Verification

Employment with Cabarrus Health Alliance will be contingent upon documentation of your identity and eligibility to work for wages in the United States and completion of Immigration and Naturalization Service Form I-9.

5. State Law Requires Selective Service Registration Verification

If subject to military selective service registration, please certify your compliance by initialing the line below.

Conditions of Employment Statement	
As certified on the attached employment application, I declare that my answ Alliance the right to investigate all information given and to secure additional with the law and my understanding of this statement, I authorize my current amy employment and hereby release from liability all persons, companies, or calso authorize the release of my scholastic ratings to Cabarrus Health Alliance have attended.	al appropriate information, if necessary. In accordance and former employers to give any information regarding orporations furnishing such information in good faith. I
I understand that the completion of this application does not assure me of obligate Cabarrus Health Alliance to me any way.	a position with Cabarrus Health Alliance and does not
I further understand that any misleading or incorrect statements or the failure by law may render this application void and, if employed, could be cause for in	
(Signature of Applicant)	(Date)

Cabarrus Health Alliance prohibits discrimination on the basis of race, sex, handicap, age, religion, political
affiliation, or national origin. The information requested below is voluntary and failure to supply this information
will not affect you as an applicant. The sole purpose of this information is to measure the success of our
recruitment efforts in reaching all segments of the population.

Date of Birth: / / Sex: Sex: (month)
Ethnic Group/Background:
White (non-Hispanic)
Black (non-Hispanic)
Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
Asian (including Pacific Islander)
American Indian (including Alaskan native)
Disability: "Disability mean, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment (American with Disabilities Act of 1990). Persons without a disability should check item A.
The reporting of a <u>disability is strictly VOLUNTARY</u> . Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.
A None/Prefer not to report
B Blind or severely visually impaired
C Deaf or severely hearing impaired
DLoss or limited use of arms and/or hands
E Non-ambulatory (must use wheelchair)
FOther orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)
G Respiratory impairment
H Nervous system/Neurological disorder
I Mentally restored
J Mental retardation
K Learning DisabilityL Others (heart disease, diabetes, speech impairment)
L Others (heart disease, diabetes, speech impairment) M Other (please specify below)
TVIOther (piease specify below)

Notice to Applicants

Cabarrus Health Alliance

Drug-Free Workplace Policy

Due to the health and safety risks of alcohol and drug abuse, applicants selected for employment by Cabarrus Health Alliance will be required to undergo a drug test. A positive test result will disqualify you from consideration for employment. A negative test result wills no 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 (incluaing crack)	
□ Marijuana	
□ Opiates	
□ Phencyclidine (PCP)	
□ Barbiturates	
□ Benzodiazepines	
Or other drugs as appropriate	
I understand and agree to the above testing	requirements.
	/
Applicant Signature	Date
Print Name	•