

Cabarrus Public Health Interest

300 Mooresville Road - Kannapolis, NC 28081

Name of position applying for: _____

Full-time Part-time

Department Name _____

Acceptable Salary \$ _____

Date Available _____

If Part-time, list days and hours available

Employment Application

Equal Opportunity Employer

E-Verify Participating Employer

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

Personal Data

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 ever worked in Public Health or local government? Yes No

How did you hear about this position? _____

Employment History

Start with present and work back, use additional sheets if necessary.

Employer _____

Duties: _____

Your job title _____

From _____ To _____

Address _____

Telephone _____

Supervisor _____

Number of people supervised by you: _____

Salary: Starting \$ _____ Ending \$ _____

Reason for leaving _____

Employment History - Continued

Employer _____
Your job title _____
From _____ To _____
Address _____
Telephone _____
Supervisor _____
Number of people supervised by you: _____
Reason for leaving _____

Duties: _____

Salary: Starting \$ _____ Ending \$ _____

Employer _____
Your job title _____
From _____ To _____
Address _____
Telephone _____
Supervisor _____
Number of people supervised by you: _____
Reason for leaving _____

Duties: _____

Salary: Starting \$ _____ Ending \$ _____

Employer _____
Your job title _____
From _____ To _____
Address _____
Telephone _____
Supervisor _____
Number of people supervised by you: _____
Reason for leaving _____

Duties: _____

Salary: Starting \$ _____ Ending \$ _____

Employer _____
Your job title _____
From _____ To _____
Address _____
Telephone _____
Supervisor _____
Number of people supervised by you: _____
Reason for leaving _____

Duties: _____

Salary: Starting \$ _____ Ending \$ _____

May we contact your present employer? Yes No (We shall only contact only if you permit)

Education

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

Military Record

Have you ever served in the U.S. Military Service? Yes No Date of Discharge_____

Duty Assignments_____

Education or Work Experience Acquired_____

References

List three professional references who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the name of supervisors listed above.

Name	Business/Occupation	Address	Telephone

Conditions of Employment Statement

As certified on the attached employment application, I declare that my answers to the questions are true and give Cabarrus Public Health Interest the right to investigate all information given and to secure additional appropriate information, if necessary. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment and hereby release from liability all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to Cabarrus Public Health Interest by schools and other educational institutions, which I have attended.

I understand that the completion of this application does not assure me of a position with Cabarrus Public Health Interest and does not obligate Cabarrus Public Health Interest to me any way.

I further understand that any misleading or incorrect statements or the failure to complete any part of this application not prohibited by law may render this application void and, if employed, could be cause for immediate discharge.

(Please sign by typing your name here and emailing application)

(Date)

Notice to Applicants

Cabarrus Public Health Interest

Drug-Free Workplace Policy

Due to the health and safety risks of alcohol and drug abuse, applicants selected for employment by Cabarrus Public Health Interest will be required to undergo a drug test. A positive test result will disqualify you from consideration for employment. A negative test result will 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 (including crack)*
- Marijuana*
- Opiates*
- Phencyclidine (PCP)*
- Barbiturates*
- Benzodiazepines*

Or other drugs as appropriate

I understand and agree to the above testing requirements.

Please sign by typing name and emailing application

____/____/____
Date