



1011 Tiger Blvd., Suite 400  
Clemson, SC 29631

**APPLICATION FOR EMPLOYMENT**

**NOTE: ALL INFORMATION REQUESTED ON THE APPLICATION MUST BE COMPLETED.**  
Reference to other documents such as resumes will not be accepted in place of completing any portion of this application. This application will remain active for a period of 60 days from the date submitted.  
**PLEASE PRINT OR TYPE INFORMATION. You may be asked to provide information on another form.**

POSITION(S) APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle Maiden Name

PRESENT ADDRESS \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_  
Street BUS. PHONE ( ) \_\_\_\_\_  
City State Zip OTHER CONTACT PHONE ( ) \_\_\_\_\_  
[ ] Cell Phone [ ] Friend [ ] No Phone

Special training or skills (languages, machine operation, etc.) that would benefit you in the job for which you are applying: \_\_\_\_\_

Check all that apply: I want to work Full Time [ ] Part time [ ] PRN [ ] Temporary [ ]

On what date would you be available for work? \_\_\_\_\_

Do you have a legal right to be employed in the U.S.? Yes [ ] No [ ]

Are you of legal age to work? Yes [ ] No [ ]

Former Foothills CHC employee? Yes [ ] No [ ] If "yes" when? \_\_\_\_\_

High School and Location	Dates of Attendance	Last Grade Completed	Did you graduate
			Yes [ ] No [ ]

College/University and Location	Date Attended		Major	Minor	Degree	Date
	Month	Year				

Foothills Community Health Care, Inc. does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, handicapping conditions, or gender in its employment. No person shall be denied employment solely because of any impairment that is unrelated to the ability to engage in activities involved in the position for which application has been made.

**PERSONAL DATA**

Have you ever been convicted of a felony, misdemeanor, or a crime and/or received probation or deferred adjudication?

Yes [ ] No [ ] If yes, please explain. (If more space is needed, please attach an additional sheet.):

\_\_\_\_\_

*(Conviction of a felony is not an automatic bar to employment. The organization will consider the nature, date, and relationship between the offense and the position for which you are applying.) If you are not sure if your problem fits the above definition, you are encouraged to inform the organization of your situation.*



**EMPLOYMENT EXPERIENCE:** List all employment in chronological order, with present employment first. ANY VOIDS IN THE CHRONOLOGICAL ORDER MUST BE EXPLAINED **ON A SEPARATE ATTACHMENT.** (Use additional paper if necessary.) **NOTE:** Resume cannot substitute for completing this form.

**PRESENT EMPLOYMENT** – Dates from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Yr. Mo. Yr.

Name and Address of Employer: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_

Salary or Hourly Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**NEXT MOST RECENT EMPLOYMENT** – Dates from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Yr. Mo. Yr.

Name and Address of Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Name of Supervisor/Principal: \_\_\_\_\_

Salary or Hourly Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**NEXT MOST RECENT EMPLOYMENT** – Dates from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Yr. Mo. Yr.

Name and Address of Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Name of Supervisor/Principal: \_\_\_\_\_

Salary or Hourly Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**NEXT MOST RECENT EMPLOYMENT** – Dates from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Yr. Mo. Yr.

Name and Address of Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Name of Supervisor/Principal: \_\_\_\_\_

Salary or Hourly Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



Foothills Community Health Care (FCHC) is an equal opportunity employer. FCHC does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for FCHC to hire me. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

If I am hired, I understand that either FCHC or I can terminate my employment at any time and for any reason, with or without cause, and without prior notice. I understand that no representative of FCHC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to FCHC true and complete information on this application. No requested information has been concealed. I authorize FCHC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**FOOTHILLS COMMUNITY HEALTH CARE, INC.  
CONFIDENTIAL STATISTICAL DATA**

**THIS FORM IS PART OF THE APPLICATION PROCESS  
VOLUNTARY SUBMISSION**

Foothills Community Health Care, Inc. does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, handicapping conditions, or gender in its employment. No person shall be denied employment solely because of any impairment that is unrelated to the ability to engage in activities involved in the position for which application has been made.

This information we are asking you to provide is **NOT** part of the employment application. It will be used to study recruiting and is being gathered in compliance with Federal Equal Employment Opportunity Commission regulations.

**PLEASE TYPE OR PRINT**

Name of Applicant	Last,	First,	Middle	Social Security Number
Title of Position Desired		Application Date (month/day/year)		
City	State	Zip Code		

**PLEASE CHECK  ONE RESPONSE FOR EACH QUESTION. THE INFORMATION REQUESTED BELOW IS OPTIONAL. IF YOU DO NOT WISH TO ANSWER A QUESTION, MARK "DECLINE TO STATE".**

**WHAT IS YOUR GENDER?**

- Male       Decline to state
- Female       21 – 40

**WHAT IS YOUR AGE GROUP?**

- Under 21       Over 40
- Decline to state

**WHAT IS YOUR ETHNIC ORIGIN?**

- American Indian or Alaskan Native     Hispanic       White (Not of Hispanic Origin)
- Asian       Filipino       Decline to state
- Black (Not of Hispanic Origin)       Pacific Islander

**HOW DID YOU LEARN OF THE POSITION?**

- Job Bulletin       FCHC Employee       Newspaper \_\_\_\_\_
- Public Agency       Professional Conference       Other \_\_\_\_\_
- (E.E.O. Office, Community Action, etc.)  
Name \_\_\_\_\_
- Walk-in       College Recruitment Fair       Internet Site

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



**1011 Tiger Blvd., Suite 400  
Clemson, SC 29631-1401  
(864) 722-0283  
Human Resources Department  
Fax (864) 722-0262**

**Professional Reference Authorization Form**

I authorize FCHC to contact references provided for personal and employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal if hired.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant: \_\_\_\_\_

Type of Job Applied for: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_