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| chc-ret-color-300x156.png | P.O. Box 151190  3322 E. Beltline Court NE  Grand Rapids, MI 49515  Office: 616-226-2669 \* Email: [info@chcenters.org](mailto:info@chcenters.org) | | |
| ***As a religious, not-for-profit ministry, Christian Healthcare Centers is permitted and reserves the right to prefer employees on the basis of religion (42 U. S. C., Sections 2000e-2).*** | | | |
| **Personal Information** | | | |
| Last Name First NameMiddle Initial | | | Today’s Date |
| Street Address City State Zip | | | |
| Home Phone  Work Phone  Cell Phone | Are you a United States Citizen or legally eligible to work in the U. S.? Yes No (*if hired, you will be required to provide documentation that you are eligible to work in the U.S.)* | | |
| Are you 18 years of age or over? YES  NO | | | |
| Title of position applying for | | Date available to work Date | |
| Do you identify as a Christian? YES  NO  Number of years  If Yes, provide the name of the church you currently attend: Church Name | | | |
| Have you reviewed the CHC Statement of Faith? YES  NO  If Yes, are you in full agreement with each tenet of the statement? YES  NO | | | |
| Have you ever been convicted of a felony? YES  NO  IF yes, please explain | | | |
| Are you currently employed? YES  NO | | | |

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| **Education** | | | | |
| **Name and Location** | | **# Years Completed** | **Major Area of Study** | **Degree/Diploma** |
| High School | High School |  | Area of Study | Degree/Diploma |
| College | College |  | Area of Study | Degree/Diploma |
| Graduate School | Grad School |  | Area of Study | Degree/Diploma |
| Medical or Professional Schools | Medical/Professional |  | Area of Study | Degree/Diploma |

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| **Employment History** Please provide the following information for your previous two employers | | | |
| Employer:  Click or to enter employer | Dates Employed:  From: Click here To: Click here | | Job Title: Click here to enter title. |
| Address: Click to enter address | | | |
| Telephone: Phone | | Job Duties:  Click to enter job duties | |
| Weekly Pay $  Start: $  Finish: $ | |
| Reason for Leaving: | |

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| **Employment History** Please provide the following information for your previous two employers | | | |
| Employer:  Click or to enter employer | Dates Employed:  From: Click here To: Click here | | Job Title: Click here to enter title. |
| Address: Click to enter address | | | |
| Telephone: Phone | | Job Duties:  Click to enter job duties | |
| Weekly Pay $  Start: $  Finish: $ | |
| Reason for Leaving: | |

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.) Click here to enter qualifications

Describe what makes you a suitable candidate for employment in a Christian healthcare organization.

Click here to enter text

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| **References** Please list names of supervisors, managers, or others who can comment directly on your abilities: | | | | |
| Name | Address | Phone # | Relationship/Occupation | Years Known |
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If applying for as position requiring state licensure, please indicate the license(s) held

Medical  Nursing  Counseling Other

Click to enter License Number Click to enter State Issued

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Click to type name Click to enter date.

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Signature of applicant Date