



LINCOLN COMMUNITY HEALTH CENTER

1301 Fayetteville Street; P.O. Box 52119
Durham, NC 27717-2119
Fax # (919) 956-4511

Vision Statement - Lincoln Community Health Center will be a viable provider of high-quality, culturally-competent, efficient, customer-centered primary care services while using state of the art technology.

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal and State equal employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or disability.

POSITION(S) APPLIED FOR _____ **Date** _____

This Application Is For: Full-time ____ Part-time ____ Temporary ____

Date Available For Work _____ Minimum Salary Acceptable \$ _____
Mo. Day Yr.

1. **PERSONAL INFORMATION:**

Name (Type or Print) _____
Last First Middle Maiden

Current Mailing Address _____
Street

City State Zip
Telephone: Home _____ Cell _____
Business _____

Email address _____

2. **EDUCATION** (Give your complete educational history below)

EDUCATION	NAME & LOCATION	ATTENDED FROM - TO	CIRCLE LAST YEAR	COMPLETED CREDIT HOURS	DEGREE/ DIPLOMA (YES/NO)	MAJOR SUBJECT
HIGH SCHOOL			9 10 11 12			
COMMUNITY COLLEGE BUSINESS/TRADE SCHOOL/TECHNICAL			1 2 3 4			
COLLEGE OR UNIVERSITY			1 2 3 4			
GRADUATE OR PROFESSIONAL SCHOOL			1 2 3 4			
OTHER (INTERNSHIP, ETC)						

Please list any skills, abilities, licenses, registrations and certifications you wish considered.

3. **GENERAL INFORMATION:**

- a. Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? () yes () no
- b. Have you ever been employed by Lincoln Community Health Center? () yes () no
If yes, give department and name of supervisor _____
- c. Will you accept employment involving overtime? () yes () no
- d. Are you related by blood or marriage to any person currently employed by Lincoln Community Health Center? () yes () no If yes, give name, relationship and department _____
- e. Have you ever been convicted of, pled no contest, or are you now subject to a charge of any felony or misdemeanor involving violence, sexual assault, fraud, or embezzlement? () yes () no
If yes, please explain _____
(NOTE: A CONVICTION WILL NOT NECESSARILY RESULT IN DENIAL OF EMPLOYMENT)
- f. Are you able to perform the essential functions of the position with or without accommodations? () yes () no

4. **EMPLOYMENT HISTORY:**

Beginning with your most recent employer, list in order your work experience, including military, summer and part-time. Use additional sheet if necessary.

A. Dates of Employment From: _____ To: _____
 Starting Position: _____ Starting Salary: _____
 Ending Position: _____ Ending Salary: _____
 Name of Employer and Address:

 Description of Major Duties Performed:

 Supervisor's Name & Title: _____
 May We Contact for References? () Yes () No If Yes, Give Phone # _____
 Reason for Leaving : _____

B. Dates of Employment From: _____ To: _____
Starting Position: _____ Starting Salary: _____
Ending Position: _____ Ending Salary: _____
Name of Employer and Address:

Description of Major Duties Performed:

Supervisor's Name & Title: _____
May We Contact for References? () Yes () No If Yes, Give Phone # _____
Reason for Leaving : _____

C. Dates of Employment From: _____ To: _____
Starting Position: _____ Starting Salary: _____
Ending Position: _____ Ending Salary: _____
Name of Employer and Address:

Description of Major Duties Performed:

Supervisor's Name & Title: _____
May We Contact for References? () Yes () No If Yes, Give Phone # _____
Reason for Leaving : _____

D. Dates of Employment From: _____ To: _____
Starting Position: _____ Starting Salary: _____
Ending Position: _____ Ending Salary: _____
Name of Employer and Address:

Description of Major Duties Performed:

Supervisor's Name & Title: _____
May We Contact for References? () Yes () No If Yes, Give Phone # _____

Reason for Leaving : _____

E. Dates of Employment From: _____ To: _____

Starting Position: _____ Starting Salary: _____

Ending Position: _____ Ending Salary: _____

Name of Employer and Address:

Description of Major Duties Performed:

Supervisor's Name & Title: _____

May We Contact for References? () Yes () No If Yes, Give Phone # _____

Reason for Leaving : _____

5. **BUSINESS/PROFESSIONAL REFERENCES:**

A. Name _____

Address _____

Phone _____

3. Name _____

Address _____

Phone _____

B. Name _____

Address _____

Phone _____

4. Name _____

Address _____

Phone _____

6. **PERSON TO CONTACT IN CASE OF EMERGENCY:**

Name _____ Address _____

Phone _____

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION SHALL BE GROUNDS FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT.

Applicant's Signature _____

Date _____