



# 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.

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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 : \_\_\_\_\_

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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 : \_\_\_\_\_

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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 : \_\_\_\_\_

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5. **BUSINESS/PROFESSIONAL REFERENCES:**

<p>A. Name _____          Address _____          _____          Phone _____</p>	<p>C. Name _____          Address _____          _____          Phone _____</p>
<p>B. Name _____          Address _____          _____          Phone _____</p>	<p>D. Name _____          Address _____          _____          Phone _____</p>

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

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_

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**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 \_\_\_\_\_