CHC

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. Complete each section, even if you attach a resume.

PERSONAL INFORMATION							
Name:							
Address:		City:		State:		Zip:	
Email:		Home or Cell Phone:		Application Date:			

POSITION			
Are you legally eligible to work in the US? ☐ Yes ☐ No	If selected for employment are you willing to submit a background check? ☐ Yes ☐ No		
Position Applying For:		Referral Source:	
Available Start Date:		Salary Expectations:	$
Are you able to perform the essential functions of the job that you are applying, with or without reasonable accommodation? ☐ Yes ☐ No, please list the functions that cannot be performed. We comply with ADA and consider reasonable accommodation to perform the essential job duties.		We may refuse to hire relatives if it could create conflicts of interest.	

EDUCATION

High School Name	Location	Year Started and Ended	Did you Graduate?	Diploma or GED?
College Name	**Location**	**Year Started and Ended**	**Degree Received**	**Major**
Graduate School Name	**Location**	**Year Started and Ended**	**Degree Received**	**Major**
Additional Education	**Location**	**Year Started and Ended**	**Degree Received**	**Major**

REFERENCES (business and professional only)

List three people not related to you who have knowledge of your work performance within the last three years.

Name	Title	Company	Email/Phone #

EMPLOYMENT HISTORY: Please complete this section even if attaching a resume.

Employer (1)	Job Title	Dates Employed
Reason for Leaving	**May we contact this employer?**	**Manager Name and Phone #**
Employer (2)	**Job Title**	**Dates Employed**
Reason for Leaving	**May we contact this employer?**	**Manager Name and Phone #**
Employer (3)	**Job Title**	**Dates Employed**
Reason for Leaving	**May we contact this employer?**	**Manager Name and Phone #**

EMPLOYMENT APPLICATION: please read carefully, initial each paragraph, and sign below

	I certify that I have not withheld any information that might adversely affect my chances for employment and that the answers I provided are true and correct to the best of my knowledge. I understand that any omission or misstatement of

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Initials	material fact on this application or on any document used to secure employment is grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.	
Initials	I authorize CHC to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release the Company, my former employers and all other persons, corporations, partnerships, and associations from all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.	
Initials	I understand that nothing contained in the application or conveyed during any interview is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.	
Initials	In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.	
Date	Applicants Signature	

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VOLUNTARY SELF-IDENTIFICATION			
The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.			
Name:		Date:	
Job Title:		Gender:	
Race/Ethnicity: Please check one of the descriptions below corresponding to the ethnic group with which you identify.			
☐	**HISPANIC OR LATINO: A PERSON OF CUBAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN REGARDLESS OF RACE.**		
☐	**WHITE (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, THE MIDDLE EAST OR NORTH AFRICA.**		
☐	**BLACK OR AFRICAN AMERICAN (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.**		
☐	**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE PEOPLES OF HAWAII, GUAM, SAMOA OR OTHER PACIFIC ISLANDS.**		
☐	**ASIAN (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, OR THE INDIAN SUBCONTINENT, INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PAKISTAN, THE PHILIPPINE ISLANDS, THAILAND, AND VIETNAM.**		
☐	**AMERICAN INDIAN OR ALASKA NATIVE (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA) AND WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.**		
☐	**TWO OR MORE RACES (NOT HISPANIC OR LATINO): ALL PERSONS WHO IDENTIFY WITH MORE THAN ONE OF THE ABOVE FIVE RACES.**		
PLEASE RETURN FORM TO THE HR DEPARTMENT. THANK YOU FOR YOUR PARTICIPATION.			