



3322 E. Beltline Court NE
 Grand Rapids, MI 49515
 Office: 616-226-2669 * Email: 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 Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>		
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 years of age or over? ____Yes ____No			
Title of Position Applying For			Date Available to Work
Do you identify as a Christian? ____Yes ____No Number of years ____ If Yes, provide the name of the church you currently attend:			
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			
Are you currently employed? ____Yes ____No			

Education			
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			

Medical or Professional Schools				
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Employment History Please provide the following information for your previous two employers

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay	Start:	Finish:
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	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.)

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

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

If applying for a position requiring state licensure, please indicate the license(s) held

Medical ____ Nursing ____ Counseling ____ Other ____

License Number: _____ 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.

Signature of Applicant

Date