

*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

|   |       |                 |  |  |  |
|---|-------|-----------------|--|--|--|
| F/MI/L NAME   |       |                 | TODAY'S DATE   |  |  |
| ADDRESS   |       |                 | DATE OF BIRTH  |  |  |
| CITY  | STATE | ZIP             | ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |
| PHONE NUMBER  |       | EMAIL           |  |  |  |
| ARE YOU A UNITED STATES CITIZEN OR LEGALLY ELIGIBLE TO WORK IN THE U. S.? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(IF HIRED, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION THAT YOU ARE ELIGIBLE TO WORK IN THE U.S.) |       |                 |  |  |  |
| DO YOU IDENTIFY AS A CHRISTIAN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |       | NUMBER OF YEARS | IF YES, PLEASE PROVIDE THE NAME OF THE CHURCH YOU CURRENTLY ATTEND   |  |  |
| HAVE YOU REVIEWED THE CHC STATEMENT OF FAITH? <input type="checkbox"/> YES <input type="checkbox"/> NO  |       |                 | IF YES, ARE YOU IN FULL AGREEMENT WITH EACH TENET OF THE STATEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO  |       |                 | IF YES, PLEASE EXPLAIN   |  |  |

### EMPLOYMENT DESIRED

|   |                         |   |                                     |
|---|-------------------------|---|-------------------------------------|
| POSITION APPLYING FOR   | DATE AVAILABLE TO START | EMPLOYMENT DESIRED<br><input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME |                                     |
| IF APPLYING FOR A POSITION REQUIRING A STATE LICENSURE, PLEASE INDICATE THE LICENSE(S) HELD |                         | <input type="checkbox"/> MEDICAL  | <input type="checkbox"/> COUNSELING |
|   |                         | <input type="checkbox"/> NURSING  | <input type="checkbox"/> OTHER      |
| LICENSE NUMBER  | STATE ISSUED            |   |                                     |

### EDUCATION

| TYPE                            | NAME | LOCATION | # YEARS COMPLETED | MAJOR AREA OF STUDY | DEGREE/DIPLOMA |
|---------------------------------|------|----------|-------------------|---------------------|----------------|
| HIGH SCHOOL                     |      |          |                   |                     |                |
| COLLEGE                         |      |          |                   |                     |                |
| GRADUATE SCHOOL                 |      |          |                   |                     |                |
| MEDICAL OR PROFESSIONAL SCHOOLS |      |          |                   |                     |                |

### PREVIOUS EMPLOYMENT

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR PREVIOUS TWO EMPLOYERS

|                    |                |           |
|--------------------|----------------|-----------|
| EMPLOYER           | DATES EMPLOYED | JOB TITLE |
| ADDRESS            |                |           |
| TELEPHONE          | JOB DUTIES     |           |
| WEEKLY PAY \$      | START \$       | FINISH \$ |
| REASON FOR LEAVING |                |           |
| EMPLOYER           | DATES EMPLOYED | 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.

| <b>REFERENCES</b>  |         |         |                         |             |
|--|---------|---------|-------------------------|-------------|
| PLEASE LIST NAMES OF SUPERVISORS, MANAGERS, OR OTHERS WHO CAN COMMENT DIRECTLY ON YOUR ABILITIES |         |         |                         |             |
| NAME   | ADDRESS | PHONE # | RELATIONSHIP/OCCUPATION | YEARS KNOWN |
|  |         |         |                         |             |
|  |         |         |                         |             |
|  |         |         |                         |             |

**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**