

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 (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? <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 <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.

REFERENCES				
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