



**Cabarrus Health Alliance  
Employment Application  
An Equal Opportunity Employer**

**Cabarrus Health Alliance  
Attention: Human Resources  
1307 South Cannon Boulevard  
Kannapolis, NC 28083**

Name of position applying for: \_\_\_\_\_

Full-time     Part-time

Department Name \_\_\_\_\_

Acceptable Salary \$ \_\_\_\_\_

Date Available \_\_\_\_\_

If Part-time, list days and hours of availability  
\_\_\_\_\_

**INSTRUCTIONS:**

This Application must be completed in ink or typed and signed

**Personal Data**

Name \_\_\_\_\_  
(Last) (First) (Middle) (Social Security #)

Address \_\_\_\_\_  
# and Street or P.O. Box County

(City) (State) (Zip Code)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Directions on how to be contacted \_\_\_\_\_

Have you previously been employed by the Cabarrus Health Alliance?  Yes  No

If YES, what department and when?  
\_\_\_\_\_

Person to be notified in case of emergency \_\_\_\_\_

(Address) (Phone)

List any relatives now employed by Cabarrus County or the Cabarrus Health Alliance and their relationship  
\_\_\_\_\_

Have you ever been convicted of a traffic offense?  Yes  No

Have you ever been convicted of a misdemeanor or a felony offense?  Yes  No

For each conviction, please list:

Date	Offense	City/State	Disposition

(Use additional sheet(s) if necessary)

NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, and nature of the offense will be taken into consideration.

## Employment History

(Start with present and work back, use additional sheets if necessary)

1. Employer \_\_\_\_\_ Duties: \_\_\_\_\_  
Your job title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Number of people supervised by you: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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2. Employer \_\_\_\_\_ Duties: \_\_\_\_\_  
Your job title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Number of people supervised by you: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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3. Employer \_\_\_\_\_ Duties: \_\_\_\_\_  
Your job title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Number of people supervised by you: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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4. Employer \_\_\_\_\_ Duties: \_\_\_\_\_  
Your job title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Number of people supervised by you: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact your present employer?  Yes  No (We shall only contact only if you permit)

## Education

	Name /Address of School	Dates Attended	Did you Graduate?	Degree and Major
High School				
Technical, Business, or Trade School(s)				
College(s)				
Graduate				

## Skills, Certification

Please list any skills, abilities, special certification, licenses, special training, or courses you have had that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate.

- |           |           |
|-----------|-----------|
| (a) _____ | (f) _____ |
| (b) _____ | (g) _____ |
| (c) _____ | (h) _____ |
| (d) _____ | (i) _____ |
| (e) _____ | (j) _____ |

## Military Record

Have you ever served in the U.S. Military Service?  Yes  No      Date of Discharge \_\_\_\_\_

Duty Assignments \_\_\_\_\_

Education or Work Experience Acquired \_\_\_\_\_

## References

List three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the name of supervisors.

Name	Business/Occupation	Address	Telephone

## Special Notices (Read Completely)

### 1. Cabarrus Health Alliance is an Equal Opportunity Employer

It is policy of Cabarrus Health Alliance to select employees on the basis of qualifications and without regard to race, sex, disability, age, religion, political affiliation, or national origin, except where specific age, sex, or physical requirements constitutes a bona fide occupational qualification necessary for job performance.

### 2. Cabarrus Health Alliance Requires Pre-Employment Drug Screening

As part of the pre-employment process required by Cabarrus Health Alliance, finalist for all positions must submit to a urinalysis drug screening.

A negative result from the drug screening is a condition of employment.

Refusal to supply the necessary samples in a reasonable and timely manner or producing a positively confirmed test result for the presence of illegal drugs will result in your being denied employment with Cabarrus Health Alliance.

### 3. Background Investigation

To ensure a safe and secure working environment for employees and clients, the Cabarrus Health Alliance will implement a comprehensive background check on all potential employees. All applicable state, federal, and local laws governing employment and background screening will be followed. Screens will include:

- Social security number validation
- Address history
- North Carolina statewide criminal
- Comprehensive criminal
- National sex offenders
- Health Care Provider Search (all licensed, certified personnel)
- Education verification (highest degree)
- Employment verification
- Motor vehicle report (if position requires a valid driver's license)
- Ongoing monitoring of all employees for DMV convictions and arrests

### 4. The Immigration Reform and Control Act of 1986 Requires Employment Verification

Employment with Cabarrus Health Alliance will be contingent upon documentation of your identity and eligibility to work for wages in the United States and completion of Immigration and Naturalization Service Form I-9.

### 5. State Law Requires Selective Service Registration Verification

If subject to military selective service registration, please certify your compliance by initialing the line below.

## Conditions of Employment Statement

As certified on the attached employment application, I declare that my answers to the questions are true and give Cabarrus Health Alliance the right to investigate all information given and to secure additional appropriate information, if necessary. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment and hereby release from liability all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to Cabarrus Health Alliance by schools and other educational institutions, which I have attended.

I understand that the completion of this application does not assure me of a position with Cabarrus Health Alliance and does not obligate Cabarrus Health Alliance to me any way.

I further understand that any misleading or incorrect statements or the failure to complete any part of this application not prohibited by law may render this application void and, if employed, could be cause for immediate discharge.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)



***Notice to Applicants***  
***Cabarrus Health Alliance***  
**Drug-Free Workplace Policy**

Due to the health and safety risks of alcohol and drug abuse, applicants selected for employment by Cabarrus Health Alliance will be required to undergo a drug test. A positive test result will disqualify you from consideration for employment. A negative test result will provide no guarantee of employment. Any applicants not willing to comply with this requirement may simply excuse themselves prior to completing the attached application form.

*Testing will cover the following seven (7) drugs:*

- Amphetamines*
- Cocaine (including crack)*
- Marijuana*
- Opiates*
- Phencyclidine (PCP)*
- Barbiturates*
- Benzodiazepines*

Or other drugs as appropriate

I understand and agree to the above testing requirements.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date