





**PERSONAL DATA**

Have you ever been convicted of a felony, misdemeanor, or a crime and/or received probation or deferred adjudication?

Yes [ ] No [ ] If yes, please explain. (If more space is needed, please attach an additional sheet.):

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*(Conviction of a felony is not an automatic bar to employment. The organization will consider the nature, date, and relationship between the offense and the position for which you are applying.) If you are not sure if your problem fits the above definition, you are encouraged to inform the organization of your situation.*



**EMPLOYMENT EXPERIENCE:** List all employment in chronological order, with present employment first. ANY VOIDS IN THE CHRONOLOGICAL ORDER MUST BE EXPLAINED **ON A SEPARATE ATTACHMENT.** (Use additional paper if necessary.) **NOTE:** Resume cannot substitute for completing this form.

**PRESENT EMPLOYMENT** – Dates from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Supervisor/Principal: \_\_\_\_\_

Position Held: \_\_\_\_\_

Salary or Hourly Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**NEXT MOST RECENT EMPLOYMENT** – Dates from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Name and Address of Employer: \_\_\_\_\_

Name of Supervisor/Principal: \_\_\_\_\_

Position Held: \_\_\_\_\_

Salary or Hourly Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**NEXT MOST RECENT EMPLOYMENT** – Dates from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Name and Address of Employer: \_\_\_\_\_

Name of Supervisor/Principal: \_\_\_\_\_

Position Held: \_\_\_\_\_

Salary or Hourly Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_



**NEXT MOST RECENT EMPLOYMENT** – Dates from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Name and Address of Employer: \_\_\_\_\_

Name of Supervisor/Principal: \_\_\_\_\_

Position Held: \_\_\_\_\_

Salary or Hourly Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Foothills Community Health Care (FCHC) is an equal opportunity employer. FCHC does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for FCHC to hire me. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

If I am hired, I understand that either FCHC or I can terminate my employment at any time and for any reason, with or without cause, and without prior notice. I understand that no representative of FCHC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to FCHC true and complete information on this application. No requested information has been concealed. I authorize FCHC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**FOOTHILLS COMMUNITY HEALTH CARE, INC.  
CONFIDENTIAL STATISTICAL DATA**

**THIS FORM IS PART OF THE APPLICATION PROCESS**

**VOLUNTARY SUBMISSION**

Foothills Community Health Care, Inc. does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, handicapping conditions, or gender in its employment. No person shall be denied employment solely because of any impairment that is unrelated to the ability to engage in activities involved in the position for which application has been made.

This information we are asking you to provide is **NOT** part of the employment application. It will be used to study recruiting and is being gathered in compliance with Federal Equal Employment Opportunity Commission regulations.

**PLEASE TYPE OR PRINT**

Name of Applicant      Last                                      First                                      Middle                                      Social Security Number

Title of Position Desired                                      Application Date (month/day/year)

City                                      State                                      Zip Code

**PLEASE CHECK  ONE RESPONSE FOR EACH QUESTION. THE INFORMATION REQUESTED BELOW IS OPTIONAL. IF YOU DO NOT WISH TO ANSWER A QUESTION, MARK "DECLINE TO STATE".**

**WHAT IS YOUR GENDER?**

- Male                       Decline to state
- Female

**WHAT IS YOUR AGE GROUP?**

- Under 21                       Over 40
- 21 – 40                       Decline to state

**WHAT IS YOUR ETHNIC ORIGIN?**

- American Indian or Alaskan Native       Hispanic                       White (Not of Hispanic Origin)
- Asian                                       Filipino                       Decline to state
- Black (Not of Hispanic Origin)       Pacific Islander

**HOW DID YOU LEARN OF THE POSITION?**

- Job Bulletin                       FCHC Employee                       Newspaper \_\_\_\_\_
- Public Agency                       Professional Conference                       Other \_\_\_\_\_

(E.E.O. Office, Community Action, etc.)  
Name \_\_\_\_\_

- Walk-in                                       College Recruitment Fair                       Internet Site



**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**1011 Tiger Blvd., Suite 400  
Clemson, SC 29631-1401  
(864) 722-0283  
Human Resources Department  
[HR@myfchc.org](mailto:HR@myfchc.org)**

**Professional Reference Authorization Form**

I authorize FCHC to contact references provided for personal and employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal if hired.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant: \_\_\_\_\_

Type of Job Applied for: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_