

Please Return to:  
 Blue Ridge Community Health Services, Inc.  
 Human Resources  
 2579 Chimney Rock Road  
 PO Box 5151  
 Hendersonville, NC 28793  
 Fax: 828-692-4396  
 e-mail: [info@brchs.com](mailto:info@brchs.com)



*An Equal Opportunity  
 Employer*

## Application for Employment

*We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability or any other legally protected status.*

Position Applied For:	Date of Application:
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How did you learn about the company? (Circle One) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Recruiting Firm</td> <td style="width: 50%; border: none;">Advertisement (if so, where?)</td> </tr> <tr> <td style="border: none;">Walk-In</td> <td style="border: none;">Current Employee (Name)</td> </tr> <tr> <td style="border: none;">Employment Agency</td> <td style="border: none;">Friend</td> </tr> </table>	Recruiting Firm	Advertisement (if so, where?)	Walk-In	Current Employee (Name)	Employment Agency	Friend	Social Security Number: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
Recruiting Firm	Advertisement (if so, where?)						
Walk-In	Current Employee (Name)						
Employment Agency	Friend						

Full Legal Name:				
Address: Number	Street	City	State	Zip Code
Telephone number(s) where we can contact you:				
Home:	Work:	Cell:		

Are you available to work: PRN? Yes No    Regular Full-time ? Yes No    Regular Part-time? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work:    Yes    No

Have you ever filed an application with the company before?    Yes    No

If yes, please give date (and name, if different): \_\_\_\_\_

Have you ever been employed with the company before?    Yes    No

If yes, please give date (and name, if different): \_\_\_\_\_

Are you currently employed?    Yes    No

May we contact your present employer for references?    Yes    No

Are you legally qualified to work in the United States?  
*(Proof of citizenship or immigration status will be required upon employment)*    Yes    No

Have you ever been convicted of a crime other than a minor traffic offense?    Yes    No

If yes, please explain: \_\_\_\_\_  
*(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as date of conviction, seriousness and nature of crime, and rehabilitation will be considered.)*

On what date would you be available for work? \_\_\_\_\_

## Education

	Elementary School	High School	Technical School	College	Other
School Name And Location					
Years Completed	4 5 6 7 8	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma / Degree		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major Course (s) Of Study					
Summarize special skills and training not listed above:					
Describe honors received:					

List professional, trade, business, or civil activities and offices held.

*You may exclude memberships that may reveal sex, race, religion, national origin, age, disability, or other protected status.*

## References

Give the name, address, and telephone number of three business references that are not related to you.

1.

2.

3.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Have you ever had any job-related training in the United States Military?

Yes

No

If yes, give the date and describe the training:

State any additional information you feel may be helpful to us in considering your application.

## Employment Experience

Start with your present or most recent position. Please complete all information, including that which may also be found on your resume.

<b>1. Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address</b>	<b>From</b>	<b>To</b>	
<b>Telephone Number(s)</b>	<b>Base Pay</b>		
	<b>Start</b>	<b>Final</b>	
<b>Reason for Leaving</b>			
<b>May we contact?   <input type="checkbox"/>Yes   <input type="checkbox"/>No</b>			

<b>2. Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address</b>	<b>From</b>	<b>To</b>	
<b>Telephone Number(s)</b>	<b>Base Pay</b>		
	<b>Start</b>	<b>Final</b>	
<b>Reason for Leaving</b>			
<b>May we contact?   <input type="checkbox"/>Yes   <input type="checkbox"/>No</b>			

<b>3. Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address</b>	<b>From</b>	<b>To</b>	
<b>Telephone Number(s)</b>	<b>Base Pay</b>		
	<b>Start</b>	<b>Final</b>	
<b>Reason for Leaving</b>			
<b>May we contact?   <input type="checkbox"/>Yes   <input type="checkbox"/>No</b>			

<b>4. Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address</b>	<b>From</b>	<b>To</b>	
<b>Telephone Number(s)</b>	<b>Base Pay</b>		
	<b>Start</b>	<b>Final</b>	
<b>Reason for Leaving</b>			
<b>May we contact?   <input type="checkbox"/>Yes   <input type="checkbox"/>No</b>			

**Indicate any foreign languages you can speak, read, and / or write:**

	<b>Fluent</b>	<b>Good</b>	<b>Fair</b>
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

I certify that the answers given herein are true and complete to the best of my knowledge.

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Blue Ridge Community Health Services, Inc., any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at-will” nature, which means that the employee may resign at any time and the employer may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this at-will employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied for is Open: Yes No

Positions Considered For:

Notes:



## Equal Opportunity Information

Blue Ridge Community Health Services, Inc. policy prohibits discrimination based on race, sex, color, religion, national origin, age or disability. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

<p>Date of Birth</p> <p>____</p> <p>(mo.)    (day)    (year)</p>	<p>Check One</p> <p>SEX    <input type="checkbox"/>                      <input type="checkbox"/></p> <p>          M                                      F</p> <p>          (male)                      (female)</p>
<p><b>ETHNIC GROUP:</b></p> <p>1. <input type="checkbox"/> White (non-Hispanic)</p> <p>2. <input type="checkbox"/> Black (non-Hispanic)</p> <p>3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)</p> <p>4. <input type="checkbox"/> Asian (including Pacific Islander)</p> <p>5. <input type="checkbox"/> American Indian (including Alaskan native)</p>	<p><b>DISABILITY:</b></p> <p>“Disability means, with respect to an individual:          (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;          (2) a record of such an impairment; or          (3) being regarded as having such an impairment”          (Americans with Disabilities Act of 1990). Persons without a disability should check item A.</p> <p>The reporting of a <b>disability is strictly VOLUNTARY</b>. Persons with disabilities who <b>DO NOT WISH</b> to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.</p> <p><b>A</b> <input type="checkbox"/> None/Prefer not to report</p> <p><b>B</b> <input type="checkbox"/> Blind or severely visually impaired</p> <p><b>C</b> <input type="checkbox"/> Deaf or severely hearing impaired</p> <p><b>D</b> <input type="checkbox"/> Loss of limited use of arms and/or hands</p> <p><b>E</b> <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p><b>F</b> <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p> <p><b>G</b> <input type="checkbox"/> Respiratory impairment</p> <p><b>H</b> <input type="checkbox"/> Nervous system/Neurological disorder</p> <p><b>I</b> <input type="checkbox"/> Mentally restored</p> <p><b>J</b> <input type="checkbox"/> Mental retardation</p> <p><b>K</b> <input type="checkbox"/> Learning disability</p> <p><b>L</b> <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</p> <p><b>M</b> <input type="checkbox"/> Other (please specify) _____</p>
<p><b>POSITION APPLIED FOR:</b></p> <p>_____</p> <p><b>TODAY’S DATE:</b></p> <p>_____</p>	