



169 Laurelhurst Avenue/Columbia/SC/29210
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www.cooperativehealth.org

Eau Claire Cooperative Health Center (d/b/a/Cooperative Health) is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, age, sex, marital status, sexual orientation, national origin, disability or veteran status.

Position Applied For: _____

PERSONAL

DATE: ___/___/___

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

Email Address: _____ Home Phone Number: _____

Cell Phone Number: _____ Salary Desired: _____ () hourly () annually

Are you legally eligible for employment in the United States: () yes () no

Type of work desired: () Full Time () Part Time Date available for work: _____

Are you available to work overtime? () yes () no Are you available to work weekends? () yes () no

EDUCATION

High School, Name/City and State: _____

University/College/Vocational School, Name/City and State: _____

Degree(s) received: _____

Professional Licenses and Certifications held: _____

SKILLS

Computer skills (list software): _____

Languages other than English in which you are fluent: _____ () read () write () speak

_____ () read () write () speak

PERSONAL

Which source led you to apply with our company? () ECCHC Website () Job Fair/Career Fair
() Internet () current/former employee

Do you have any relatives (blood/marital) working for Cooperative Health? () yes () no

If yes, please list name(s) and relationship(s): _____

Driver's License Number: _____ State: _____

Have you ever been convicted of a criminal offense? (omit minor vehicular violations and any offense committed before your 17th birthday which was adjudicated in a juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually). If yes, please list convictions (s): _____

Date of Charge: _____ Disposition/Status: _____

EMPLOYMENT HISTORY

This section must be completed even if you are attaching a resume.

Current/Most recent Employer: _____ () FT () PT

Address: _____

Phone Number: (include the area code) _____ Supervisor's Name: _____

Dates employed: (month/year) _____ to (month/year) _____ Job Title: _____

May we contact your supervisor? () yes () no Gross Salary: \$ _____ per () hour () year

Reason for Leaving: _____

Job Duties: _____

Previous Employer: _____ () FT () PT

Address: _____

Phone Number: (include the area code) _____ Supervisor's Name: _____

Dates employed: (month/year) _____ to (month/year) _____ Job Title: _____

May we contact your supervisor? () yes () no Gross Salary: \$ _____ per () hour () year

Reason for Leaving: _____

Job Duties: _____

Previous Employer: _____ () FT () PT

Address: _____

Phone Number: (include the area code) _____ Supervisor's Name: _____

Dates employed: (month/year) _____ to (month/year) _____ Job Title: _____

May we contact your supervisor? () yes () no Gross Salary: \$ _____ per () hour () year

Reason for Leaving: _____

Job Duties: _____

Explain any employment gaps over 30 days: _____

REFERENCES

For professional references, please list previous supervisors. For personal references please list non-relatives.

Professional References:

Name: _____ Phone Number: _____ Email Address: _____

Name: _____ Phone Number: _____ Email Address: _____

Name: _____ Phone Number: _____ Email Address: _____

Personal Reference:

Name: _____ Phone Number: _____ Email Address: _____

APPLICANTS CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Cooperative Health to verify their accuracy and to obtain reference information on my work performance. I hereby release Cooperative Health from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

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 nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is "at will" and that either I or Cooperative Health may terminate my employment at any time with or without notice or cause.

By submitting this application, I affirm that I have read and agree to all of the disclosures and conditions included on this application.

Applicant Signature: _____

Date: _____