



in health • in learning • involved
 Mountain Area Health Education Center
 501 Biltmore Ave., Asheville, NC 28801
 (828)257-4400 fax (828)257-4710
 www.mtn.ncahec.org

EMPLOYMENT APPLICATION

MAHEC aspires to be free from individual and institutional expressions of racism and prejudice. We value and support the diversity and individuality of our staff and the people we serve. Our employment policy supports equal opportunity in all positions without regard to race, color, gender, creed, age, religion, national origin, disability, veteran status, sexual orientation, or any other legally protected status.

Date

Position(s) applied for

Date available for work

Check all

that apply:

Full-time

Part-time

PRN (as needed)

Temporary

Last Name First Name Middle Social Security Number

Mailing Address City

State Zip Telephone Number Email Address

If you are under 18, can you furnish a work permit? Yes No

Are you a citizen or legally eligible for employment in the United States? Yes No

Have you ever been employed by MAHEC before? Yes No

If yes, give position(s) and dates

Do you currently have any relatives (by blood or marriage) employed by MAHEC? Yes No

If yes, give name(s)

Have you been convicted of a crime (i.e. felony, misdemeanor)? Yes No

If yes, explain (conviction will not necessarily disqualify an applicant from employment)

Employment History (start with most recent)

From To Employer Telephone

Starting Pay Final Pay Address Supervisor

Job Title Work Performed

May we contact? Reason for leaving

Yes No

From To Employer Telephone

Starting Pay Final Pay Address Supervisor

Job Title Work Performed

May we contact? Reason for leaving

Yes No

From To Employer Telephone

Starting Pay Final Pay Address Supervisor

Job Title Work Performed

May we contact? Reason for leaving

Yes No

Education

	Name and Location	Years Completed	Did you graduate?	Degree/Certificate
High School/GED				
College				
Graduate				
Other				

Licenses/Certifications (i.e. Drivers License, Nursing License, CPR Certification, etc.)

License/Certificate	License # & State	Date Issued	Expiration Date

Additional Skills

Typing wpm Wordprocessing Spreadsheets Access/Databases Medic/Autochart Foreign Language (list)	List any applicable specialized skills, training, or experience
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References

Name	Relationship	Phone Number

Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application will be considered active for 60 days. If I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

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 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 document or by conduct unless such change is specifically acknowledged in writing by the President/CEO of this organization.

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 HR Use Only	Position/Date	Position/Date	Position/Date
	_____	_____	_____
	_____	_____	_____

This form will only be used by Human Resources. It will not be forwarded to the hiring manager with your application.



This information helps us evaluate the effectiveness of our recruitment process.

What position(s) are you applying for?

How did you learn of this opening? (check all that apply)

Asheville Citizen Times Advertisement
Walk-in
MAHEC web page
Internet - which site?
Other – please explain

Current MAHEC employee
Friend (not an employee)

MAHEC's Diversity Mission Statement is as follows:

WNC health care organizations and communities have an increased capacity to alter behaviors and attitudes that foster racism and prejudice, and to continuously develop and effectively manage a diverse health care workforce.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Your anonymous, voluntary participation in completing the information below will help us evaluate our success in developing a diverse workforce.

Male
Female

Date of Birth

Veteran
Non-veteran

Ethnicity (please check all that apply)
American Indian/Alaskan
Asian/Pacific Islander
Hispanic
Other - please specify

Black
White

Date

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APPLICANT DISCLOSURE STATEMENT AND AUTHORIZATION FOR CONSUMER REPORT/BACKGROUND INVESTIGATION

Federal law requires an employer to make a disclosure statement and to obtain written authorization from an applicant/employee prior to obtaining a "Consumer Report" for employment purposes.

By this document, MAHEC is disclosing to you that: In processing your application for employment, or any time during your employment period, MAHEC may conduct an investigation of your background by obtaining a Consumer Report relating to you from a Consumer Reporting Agency of its choice. The report may contain, but is not limited to, information regarding your prior employment, education, criminal record, military record, verification of credentials, and/or driver's license history.

No consumer report will be used in violation of any Federal or State Equal Employment Opportunity law or regulation. If MAHEC intends to take any adverse action based in whole or in part on information contained in a consumer report, you will be provided with a copy of the report and a description of your rights under the Fair Credit Reporting Act.

My signature below indicates that I have read and understand the above Disclosure Statement and hereby authorize MAHEC to obtain a Consumer Report as part of the pre-employment background investigation, or for employment purposes, during my employment period. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for MAHEC to obtain consumer reports at any time during my employment period. To assist MAHEC in completing a Consumer Report the following information is provided:

Full Name (Printed)

Date of Birth

Social Security No.

Drivers License # & State

Please list all previous names up to and including your present name for the last 10 years (Include maiden name, previous married names, aliases, etc.)

Name	Year First Used
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Please list your current place of residence, as well as all previous residences for the past 10 years. (Include City, State, and County.)

City, State, County	Date: From – To (Include Month and Year)
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Signature

Date