



EMPLOYMENT APPLICATION

INSTRUCTIONS: Completed applications should be delivered to MAHEC, Human Resources Department, 121 Hendersonville Road, Asheville, NC 28803. Fax: (828) 257-4710. E-mail: humanresources@mahec.net

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, gender identity, or any other legally protected status.

CONTACT INFORMATION

LEGAL NAME (FIRST) (MIDDLE) (LAST)

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE ZIP

TELEPHONE NUMBER E-MAIL ADDRESS

WORK QUESTIONNAIRE

1. IF YOU ARE UNDER THE AGE OF 18, CAN YOU FURNISH A WORK PERMIT? YES N/A NO
2. ARE YOU ABLE TO ESTABLISH AUTHORIZATION TO WORK IN THE U.S.? YES NO
3. HAVE YOU EVER BEEN EMPLOYED BY MAHEC? YES NO
 - A. PRIOR POSITION _____
 - B. PRIOR DATES OF EMPLOYMENT _____
4. DO YOU HAVE ANY RELATIVES (BY BLOOD OR MARRIAGE) OR SIGNIFICANT PERSONAL RELATIONSHIPS WITH ANY CURRENT MAHEC EMPLOYEE? YES NO
 - A. NAME _____ RELATIONSHIP _____
 - B. NAME _____ RELATIONSHIP _____
 - C. NAME _____ RELATIONSHIP _____

POSITION

POSITION(S) APPLYING FOR

DATE AVAILABLE FOR WORK DATE OF APPLICATION

CHECK ALL POSITION TYPES OF INTEREST: FULL-TIME PART-TIME PRN TEMP

INSTRUCTIONS: Start with most recent work experience and proceed in chronological order. Please complete additional sheets as needed. Resumes / CVs will not be accepted as completion of this page.

WORK HISTORY

START DATE:	END DATE:	JOB TITLE:
SUPERVISOR:		EMPLOYER:
TELEPHONE:		ADDRESS:
MAY WE CONTACT?	YES NO	CITY, STATE, ZIP:
STARTING PAY:		WORK PERFORMED:
FINAL PAY:		REASON FOR TRANSITION:

START DATE:	END DATE:	JOB TITLE:
SUPERVISOR:		EMPLOYER:
TELEPHONE:		ADDRESS:
MAY WE CONTACT?	YES NO	CITY, STATE, ZIP:
STARTING PAY:		WORK PERFORMED:
FINAL PAY:		REASON FOR TRANSITION:

START DATE:	END DATE:	JOB TITLE:
SUPERVISOR:		EMPLOYER:
TELEPHONE:		ADDRESS:
MAY WE CONTACT?	YES NO	CITY, STATE, ZIP:
STARTING PAY:		WORK PERFORMED:
FINAL PAY:		REASON FOR TRANSITION:

START DATE:	END DATE:	JOB TITLE:
SUPERVISOR:		EMPLOYER:
TELEPHONE:		ADDRESS:
MAY WE CONTACT?	YES NO	CITY, STATE, ZIP:
STARTING PAY:		WORK PERFORMED:
FINAL PAY:		REASON FOR TRANSITION:

EDUCATION	SCHOOL	CITY / STATE	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE / CERTIFICATE
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HIGH SCHOOL / GED: _____

ASSOCIATES: _____

COLLEGE: _____

GRADUATE: _____

OTHER: _____

LICENSES/CERTIFICATIONS	LICENSE NUMBER	STATE	ISSUE DATE	EXPIRATION DATE
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TYPE: _____

TYPE: _____

TYPE: _____

ADDITIONAL SKILLS	LIST ANY ADDITIONAL SKILLS, TRAINING, OR EXPERIENCE:
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TYPING (WPM): _____

WORD PROCESSING (SYSTEMS): _____

SPREADSHEETS (SYSTEMS): _____

DATABASES (SYSTEMS): _____

EMR (SYSTEMS): _____

LANGUAGES (LIST): _____

REFERENCES	RELATIONSHIP	PHONE NUMBER
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1. _____

2. _____

3. _____

APPLICANT 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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organizations 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 that I am required to abide by all rules and regulations of the employer.

APPLICANT SIGNATURE

DATE