



Position Applied For _____

Position Number _____

First Name	MI	Last Name	SSN
Address	City	State	Email Address
Zip Code	County	Daytime Phone	Evening Phone

EDUCATION

	High School	Vocational/ Technical	College/ University	Graduate/ Professional
School Name and Location				
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Attended				
Credit Hours				
Type Degree				
Course of Study/Major				

SKILLS

List any fields of work for which you are currently licensed, registered, or certified. Give dates and sources of issuance. If applicable, please list NPI # and Medicare #.

List any office or other special skills you possess (typing wpm, shorthand, business machines, professional equipment, etc)

List any computer hardware and software with which you have experience.

List any foreign languages in which you are fluent.

GENERAL INFORMATION

Please Answer All Questions

- Do you currently work for Catawba Valley Behavioral Healthcare? yes no
- Are you a former employee of Catawba Valley Behavioral Healthcare? yes no
If yes, indicate Dept. and Date Separated _____
- Are you related by blood or marriage to any person currently employed by Catawba Valley Behavioral Healthcare? yes no
If yes, indicate Name, Dept., and Relationship _____
- Have you ever worked under another name? (Used to verify work experience, education, etc.) yes no
If yes, please list _____
- Are you legally eligible to work in the United States? yes no
- If you have a valid driver's license, indicate state of issuance and DL# _____ yes no
- Have you ever been convicted of any unlawful offenses, other than a minor traffic violation: yes no
If yes, please explain fully on separate sheet. Application will be disqualified without an explanation sheet.
NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at the time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and the type of job for which you are applying for will be considered.
- When will you be available to begin work (mo/day/yr)? _____

EMPLOYMENT HISTORY

PLEASE READ CAREFULLY

Using a separate section for each position, describe in detail ALL work experiences beginning with your present or most recent job. List all jobs you have held. Include periods of unemployment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application. DO NOT REFER TO RESUME.

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ #years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____	
Reason for Leaving/Wanting to Leave:		
Description of Work:		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ # years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____	
Reason for Leaving:		
Description of Work:		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ # years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____	
Reason for Leaving:		
Description of Work:		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ #years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____	
Reason for Leaving:		
Description of Work:		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ #years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____	
Reason for Leaving:		
Description of Work:		

CERTIFICATION

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application, or dismissal if I am employed. I also understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States. A background check of my driving, criminal, credit, or other records may be conducted before employment. I permit Catawba Valley Behavioral Healthcare to conduct a police and court records investigation of my background if relevant to the job for which I am applying.

I authorize any and all of my current and previous employers, including the U.S. Government or U.S. Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide Catawba Valley Behavioral Healthcare with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of Federal or State law, I also waive any right I may have to review confidential material or information received by Catawba Valley Behavioral Healthcare from a person, employer, or institution.

I understand that Catawba Valley Behavioral Healthcare is a drug free workplace and that I must pass a drug urinalysis test, and may be required to pass a physical examination provided by Catawba Valley Behavioral Healthcare, before I may be employed by Catawba Valley Behavioral Healthcare.

I certify that if I am a male between the ages of 18 and 26, I am aware of and in compliance with all applicable registration requirements of the Military Selective Service Act.

Date: _____

Signature of Applicant (Typed name constitutes signature)

Catawba Valley Behavioral Healthcare
Employment Application

Catawba Valley Behavioral Healthcare Personnel Office

327 1st Ave NW

Hickory, NC 28601

Phone: 828-695-5900

FAX: 828-324-7860

WWW.CVBH.ORG

**APPLICATION INSTRUCTIONS
PLEASE READ AND FOLLOW CAREFULLY**

- Applications are accepted for current Catawba Valley Behavioral Healthcare vacancies only.
- A separate application must be completed for each position for which you apply.
- Please type or print application information. Use Black Ink ONLY to complete the application.
- Photocopies of the Application may be submitted with the current date, position desired, and an original signature.
- Resumes and cover letters may be submitted with the completed application for supplemental information.
- Incomplete applications will not be considered. Applications that are received unsigned, undated, incomplete, or after the closing date, will be eliminated from consideration.
- A completed Catawba Valley Behavioral Healthcare must be either submitted to the Personnel Department located at 327 1st Ave NW, Hickory, NC 28601 by 5:00 pm or mailed to the above address and postmarked by 5:00 pm on the closing date to be considered for a current vacancy.
- Catawba Valley Behavioral Healthcare does not keep applications on file. You must apply for each vacancy for which you want to be considered.
- All applications become the property of Catawba Valley Behavioral Healthcare and cannot be returned.
- Catawba Valley Behavioral Healthcare is a drug free work place. All persons offered employment must have a negative drug test before being employed by Catawba Valley Behavioral Healthcare.

Catawba Valley Behavioral Healthcare is an equal opportunity employer.

It is the policy of Catawba Valley Behavioral Healthcare to prohibit discrimination on the basis of race, gender, creed, national origin, religion, age, or disability in employment or the provision of services.

