

**Sumter Family Health Center**  
**1278 N. Lafayette Drive**  
**Sumter, SC 29150**  
**Phone: 803-774-4500**

**EMPLOYMENT APPLICATION**

It is the policy of Sumter Family Health Center to provide equal opportunity employment to all qualified persons without discrimination on the basis of citizenship, race, disability, national origin, religion, sex or any other status protected under state and federal law.

|  |                            |                         |
|--|----------------------------|-------------------------|
| Position Applying For:   |                            | Social Security Number: |
| Name: Last   | First                      | MI                      |
| Current Address:   |                            | Home Phone Number:      |
| City:  | State:                     | Zip Code:               |
| Education:(Circle the highest grade completed) 9 10 11 12 GED Associate's Bachelor's Masters PhD     |                            |                         |
| High School Attended:  | City and State:            | Did you earn a diploma? |
| University/Technical College Name:   | Degree/Certificate/Diploma | City and State:         |
| University/Technical College Name:   | Degree/Certificate/Diploma | City and State:         |
| University/Technical College Name:   | Degree/Certificate/Diploma | City and State:         |
| Office Skills (for computer skills, please list software and years of experience):<br><hr/> <hr/>    |                            |                         |
| Professional License/ Certificate Number(s):   |                            |                         |
| Language (other than English) in which you are fluent:<br><hr/> ( ) Written ( ) Verbal               |                            |                         |
| May we contact you at work?<br>( ) Yes ( ) No If yes , list work number and best time to call: _____ |                            |                         |

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**Employment History:** This section **MUST BE COMPLETED** (even if you are attaching a resume).  
 Please Note: If you have given us permission, SFHC will contact your current and previous employer.  
 Please ensure that all contact information is accurate.

**Current or Most Recent Employer:** \_\_\_\_\_ ( ) Full Time ( ) Part Time  
 \_\_\_\_\_ ( )

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Date employed: From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 May we contact this supervisor? Yes( ) No( ) Salary: \$ \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**Second Most Recent Employer:** \_\_\_\_\_ ( ) Full Time ( ) Part Time  
 \_\_\_\_\_ ( )

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Date employed: From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 May we contact this supervisor? Yes( ) No( ) Salary: \$ \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**Third Most Recent Employer:** \_\_\_\_\_ ( ) Full Time ( ) Part Time  
 \_\_\_\_\_ ( )

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Date employed: From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 May we contact this supervisor? Yes( ) No( ) Salary: \$ \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**Fourth Most Recent Employer:** \_\_\_\_\_ ( ) Full Time ( ) Part Time  
 \_\_\_\_\_ ( )

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Date employed: From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 May we contact this supervisor? Yes( ) No( ) Salary: \$ \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

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**SUMTER FAMILY HEALTH CENTER WILL CONDUCT A DRUG SCREENING, CRIMINAL BACKGROUND CHECK AND REFERENCE CHECK FOR ALL APPLICANTS PRIOR TO EMPLOYMENT.**

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| Have you ever submitted an application with Sumter Family Health Center in the past?<br>Yes ( ) No ( ) If yes, give dates and position(s) _____  |                 |                    |                    |  |  |  |
|--|-----------------|--------------------|--------------------|--|--|--|
| Has your employment ever been involuntarily terminated or have you ever resigned to avoid discharge (for any reason except lack of work within the past ten years)? Yes ( ) No ( )<br>If yes, list name and address of employer and date and reason for discharge/resignation.<br>Name of Employer: _____ Address: _____<br>State reason for discharge/resignation to avoid discharge: _____<br><hr/>  |                 |                    |                    |  |  |  |
| Date available to work: _____ What is your desired salary range? _____   |                 |                    |                    |  |  |  |
| Type of employment desired:<br>_____ Full Time _____ Part -Time _____ PRN _____ Temporary  |                 |                    |                    |  |  |  |
| Are you legally eligible for employment in this country? ( ) Yes ( ) No  |                 |                    |                    |  |  |  |
| Have you ever been convicted of a criminal offense? ( ) Yes ( ) No<br>If yes, please list charges? _____<br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Where Convicted</th> <th style="width: 33%; text-align: center;">Date</th> <th style="width: 33%; text-align: center;">Disposition Statue</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Where Convicted | Date               | Disposition Statue |  |  |  |
| Where Convicted  | Date            | Disposition Statue |                    |  |  |  |
|  |                 |                    |                    |  |  |  |
| <b>Please list three references, unrelated to you, who are familiar with your work habits.</b><br>Name: _____ Address: _____ Phone: _____<br>Name: _____ Address: _____ Phone: _____<br>Name: _____ Address: _____ Phone: _____  |                 |                    |                    |  |  |  |

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**PLEASE CAREFULLY READ AND SIGN BOTH OF THE FOLLOWING STATEMENTS**

1. I certify that the information set forth in this application is true and complete. I understand that any falsification, misrepresentation, or omission of facts on this application, my resume, or on any document used in the hiring process will be cause for denial of employment or immediate termination of employment regardless of when or by who discovered.
2. I authorize Sumter Family Health Center to investigate all statements contained in this application for any employment-related purpose. Specifically, I authorize Sumter Family Health Center to contact the listed reference(s) and former employer(s), and I authorize the listed reference and former employer(s) to provide you with any and all applicable information they may have. I hereby release the reference(s) and former employer(s) from any liability for any information they may give to you.
3. **I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER I OR SUMTER FAMILY HEALTH CENTER CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.** Also, I understand that managers/supervisors of the center are not authorized to make any assurance or promise of continued employment.
4. I understand that any employment offer is contingent upon my successfully completing a drug screen.
5. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in the United States, as required by the Immigration Reform and Control Act of 1986.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

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\_\_\_\_\_  
Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

THE FOLLOWING INFORMATION IS REQUIRED BY THE SOUTH CAROLINA LAW ENFORMENT DIVISION FOR COMPLETION OF ALL CRIMINAL HISTORY RECORDS CHECKS.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date of Birth)

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**READ CAREFULLY AND SIGN**

I understand that the above information will be utilized to conduct a criminal history records check. I hereby give my permission for a criminal history records check to be conducted through the South Carolina Law Enforcement Division.

I authorize Sumter Family Health Center to release the above information and to investigate all statements on the employment application. I unconditionally release Sumter Family Health Center from all liability which might result from furnishing same.

\_\_\_\_\_  
*(Applicant Signature)*

\_\_\_\_\_  
*(Date)*

**THIS SPACE FOR OFFICE USE ONLY**

Criminal History Reviewed By: \_\_\_\_\_  
*(Signature)* *(Date)*

Applicant recommended for employment at Sumter Family Health Center: Yes ( ) No ( )

If applicant is not recommended for employment, please state reason: \_\_\_\_\_  
\_\_\_\_\_

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