



# Employment Application

If you need help in completing this application, please request assistance. CEHC/CERI refers to the Carolina Ear & Hearing Clinic and the Carolina Ear Research Institute. CEHC/CERI supports individuals in reaching their full potential by offering equal employment opportunities. CEHC/CERI complies with all applicable laws concerning hiring and employment practices and is firmly committed to fostering and maintaining a workplace free from discrimination. We pledge to hire, train and promote our employees without regard to race, religion, gender, gender identity, age, national origin, sexual orientation, disability or veteran status.

PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK. In addition to completing this application, please submit your resume.

PERSONAL		Date:
Applicant Full Name:		DOB:
Preferred Name/Nickname:		SSN:
Address:		
Home Phone:	Mobile Phone:	Work Phone:
Email:		
Position Applying To:		
Date Available To Begin Work:		
Availability:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Summer Only
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary/Internship
		<input type="checkbox"/> Days
		<input type="checkbox"/> Evenings
Travel Acceptable:	<input type="checkbox"/> Less than 10%	<input type="checkbox"/> 25-50%
	<input type="checkbox"/> 10-25%	<input type="checkbox"/> More than 50%
Are you currently authorized to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you now, or will you in the future, require sponsorship for a work visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you over 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are under 18, can you furnish a work permit if it is required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by CEHC/CERI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify previous position and dates of employment.		
Names of any relatives employed by CEHC/CERI:		
Name	Relationship	Position with CEHC/CERI
Name	Relationship	Position with CEHC/CERI
How did you hear about us?	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Advertisement
	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Career Fair
		<input type="checkbox"/> CEHC/CERI website
		<input type="checkbox"/> Unsolicited

**PRIOR WORK, MILITARY & VOLUNTEER EXPERIENCE** This section must be complete in addition to providing a resume.

Please provide all employment information for last four positions. List your most recent position first.

1) Employer:	Employment Dates:
Address:	Annual Salary or Hourly Rate:
Title or Position:	Major Duties:
Supervisor's Name:	
Supervisor's Contact Info (phone & email):	Reason for Leaving:
May we contact this individual as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Employer:	Employment Dates:
Address:	Annual Salary or Hourly Rate:
Title or Position:	Major Duties:
Supervisor's Name:	
Supervisor's Contact Info (phone & email):	Reason for Leaving:
May we contact this individual as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Employer:	Employment Dates:
Address:	Annual Salary or Hourly Rate:
Title or Position:	Major Duties:
Supervisor's Name:	
Supervisor's Contact Info (phone & email):	Reason for Leaving:
May we contact this individual as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Employer:	Employment Dates:
Address:	Annual Salary or Hourly Rate:
Title or Position:	Major Duties:
Supervisor's Name:	
Supervisor's Contact Info (phone & email):	Reason for Leaving:
May we contact this individual as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**REFERENCES** In addition to the professional references listed above, please list two additional professional or personal references.

Name:	Relationship:	How long have you known?
Company:	Title:	
Phone:	Email:	
Name:	Relationship:	How long have you known?
Company:	Title:	
Phone:	Email:	

**EDUCATION**

High School	School Name: City, State:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Degree?	Major or Specialty:
College	School Name: City, State:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Degree?	Major or Specialty:
Other	School Name: City, State:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Degree?	Major or Specialty:

**PROFESSIONAL LICENSES, REGISTRATIONS AND CERTIFICATIONS**

Type of License/Certificate	License Number	Expiration Date	State

**LIST YOUR WORKING KNOWLEDGE OF COMPUTER SOFTWARE, LANGUAGES OR PLATFORMS**

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**PRIOR FELONY CONVICTION**

Have you been convicted of a felony in the last 7 years?  Yes  No  
 If yes, please explain (a felony conviction does not automatically disqualify you for employment).

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PLEASE READ BEFORE SIGNING

I certify that all answers and statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, might affect this application unfavorably. I understand that any falsification, misrepresentation or material omission of information submitted on this application will constitute grounds for denial or immediate dismissal from employment.

I authorize all persons, schools, employers and organizations mentioned in this application to provide CEHC/CERI with any and all information requested by CEHC/CERI related to my qualifications for employment. I hereby voluntarily release CEHC/CERI and any other persons or entities from any and all liability related to the provision of such information.

I further understand that any job offer will be contingent upon satisfactory replies to background and reference checks and that information about the content and scope of such checks will be furnished to me if I make a written request for such information within a reasonable time.

I further understand that employment with CEHC/CERI may be conditioned upon the results of a medical screening examination, skills testing and my ability to provide satisfactory documentation of my U.S. citizenship or authorization to work in the U.S. within 72 hours of the commencement of my employment.

I understand that nothing in this application for employment is intended or should be construed as an offer, agreement or contract of employment.

I further understand that employment with CEHC/CERI is "at-will," which means that both the employer and the employee are free to terminate the employment relationship at any time, with or without cause or notice.

In the event that I am employed with CEHC/CERI, I agree to comply with all of its employment policies. CEHC/CERI reserves the right to change or amend policies as necessary.

Print Full Name:

Legal Signature of Applicant:

Date of Application: