



# Employment Application

(Applications Retained for 12 Months)

## Disclaimer

South Carolina Heart Center is an "at will" employer meaning either the employee or the employer has the right to end the employment relationship at any time or for any reason.

## Personal Information

Last Name	First Name	MI	Social Security
Home Telephone (    )		Alternate Number (    )	
Address	City	State	Zip Code
Previous Address	City	State	Zip Code
List relatives presently employed by SCHC:			
Previous Employment With South Carolina Heart Center: ___ Yes ___ No If yes, give dates employed:			
Are there any reasons why you would be unable to safely perform the essential functions of the position, with or without accommodations for which you are applying? ___ Yes ___ No If yes, please explain:			
Are you presently charged with or have you ever been convicted of any crimes, other than a minor traffic violation? ___ Yes ___ No If yes, please give circumstances and disposition of case:			
If you are a licensed individual, please refer to the attached addendum. Must be completed and signed.			

## Employment Information

Position Applied For:	Date Available to Begin Work:
Hours Available: ___ Full Time ___ Part Time ___ PRN	Salary Expectation:
Do you have the legal right to work in US? ___ Yes ___ No	
Check any of the following skills in which you are trained and experienced: ___ Typing ___ WPM ___ Access ___ Word Other Skills/Software (please list: _____) ___ PowerPoint ___ Excel _____	

## Education

Level of Education	Name City and State	Course of Study	Years Completed	Did you Graduate?	Diploma or Degree								
High School			<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1	2	3	4										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
College/ University			<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1	2	3	4										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Other (Specify)			<table style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1	2	3	4										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

(complete other side of application)

## Employment History

(This section **MUST** be completed **FULLY** in addition to resume)

May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, please explain:		
1. Company		Address		Telephone	
Employed From:		To:		Name and Title of Immediate Supervisor	
Title:		Primary Duties:			
Salary:		Reason for Leaving:			
2. Company		Address		Telephone	
Employed From:		To:		Name and Title of Immediate Supervisor	
Title:		Primary Duties:			
Salary:		Reason for Leaving:			
3. Company		Address		Telephone	
Employed From:		To:		Name and Title of Immediate Supervisor	
Title:		Primary Duties:			
Salary:		Reason for Leaving:			
Professional References					
Name		Address		Phone Number	
Acknowledgement					

I certify that the information I have given in this application is true and complete and fully understand that any falsification or omission of information may be grounds for denial of employment or immediate discharge if employed. If hired, I agree that I will adhere to any conditions of employment that may be required, including presentation of proper credentials and licensure if required, attendance at any mandatory employment orientation and any required health inoculations and successful completion of a background investigation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Submit Application to:    South Carolina Heart Center, 2001 Laurel Street, Columbia, SC 29204  
Phone: (803) 254-3278    Fax: (803) 255-2695    Email: [hr@scheart.com](mailto:hr@scheart.com)

The South Carolina Heart Center considers applicants for all positions without regard to race, color, religion, creed, national origin, age, gender, disability, marital, veteran status or any other legally protected status.



## Employment Application Addendum (Licensed Personnel Only)

If you are a licensed individual, please complete this addendum to the South Carolina Heart Center application.

If you have a current license, please attach a copy of this license to this addendum and submit with the other parts of the application.

Please answer the following questions, giving details as needed:

(1) Are there any problems, past or present, that may affect your ability to secure a license in the State of South Carolina: (yes)\_\_\_\_\_ (no)\_\_\_\_\_. If yes, please provide a detailed explanation:

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(2) If you are already licensed, have you ever had your license suspended or conditions placed on your license in either South Carolina or any other state where you have been licensed?

(yes)\_\_\_\_\_ (no)\_\_\_\_\_ If yes, please provide a detailed explanation:

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I certify that the above is a true and factual representation of the information requested. I fully understand that any falsification or omission of information may be grounds for denial of employment or immediate discharge if employed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date