



# tandem health

Human Resources  
550 S. Pike West  
Sumter, SC 29150  
Phone: 803-774-4500

## EMPLOYMENT APPLICATION

It is the policy of Tandem Health 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/or federal law.

<b>Position(s) Applying For:</b> _____			
Name:		Phone Number:	
(Last)	(First)	(MI)	
Street Address:		Email Address:	
City:	State:	Zip Code:	
Education	Name and Address of School	Major/Degree	Did you graduate? Y/N
High School			
College/University			
College/University			
Other Training			
Office Skills (for computer skills, please list software and years of experience): _____ _____			
Professional License/Certificate(s) and Number(s): _____			
Language (other than English) in which you are fluent: _____ ( ) Written ( ) Verbal			



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**\*\*\*TANDEM HEALTH IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\*\*\***

Have you ever submitted an application with Sumter Family Health Center or Tandem Health in the past?  
Yes ( ) No ( ) If yes, give dates and position(s) \_\_\_\_\_

Have you ever worked for Sumter Family Health Center or Tandem Health before?  
Yes ( ) No ( ) If yes, give dates and position(s) \_\_\_\_\_

Are you related to a current Tandem Health Employee or Board member? Yes ( ) No ( )  
If yes, write name of Employee or Board member and relationship to you:  
\_\_\_\_\_

**Employment History:** This section **MUST BE COMPLETED** (even if you are attaching a resume).  
Please Note: If you have given us permission, Tandem Health will contact your current and previous employers.  
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 \_\_\_\_\_ Salary: \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ May we contact this supervisor? Yes ( ) No ( )  
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 \_\_\_\_\_ Salary: \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ May we contact this supervisor? Yes ( ) No ( )  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_



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

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 ( )

If yes, list name/address of employer and the date and reason for discharge/resignation.

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

If yes, provide date and reason for discharge or resignation to avoid discharge:



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Date available to work: \_\_\_\_\_ What is your desired pay range? \_\_\_\_\_

Type of employment desired:  
\_\_\_\_\_ Full Time \_\_\_\_\_ Part -Time \_\_\_\_\_ PRN \_\_\_\_\_ Temporary

Are you legally eligible for employment in the United States? Yes (  ) No (  )

Have you ever been convicted of a criminal offense? Yes (  ) No (  )

If yes, please provide the following details:

Where Convicted	Date	Disposition Statue
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**Please list three references, who are familiar with your work habits. Do not list relatives.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_



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## PLEASE CAREFULLY READ AND SIGN

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 Tandem Health to investigate all statements contained in this application for any employment-related purpose. Specifically, I authorize Tandem Health 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 Tandem Health can end the employment relationship at any time and for any or no reason. Also, I understand that managers/supervisors of Tandem Health are not authorized to make any assurance or promise of continued employment.
4. I understand that any employment offer is contingent upon my successfully passing a drug screening.
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