

EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Cell Phone		
E-mail Address			
Date Available		Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

DO YOU POSSESS ANY TYPE OF PROFESSIONAL LICENSE, CERTIFICATE, OR REGISTRY?			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list below:	
Type	State(s)	License Number	Expiration Date
Type	State(s)	License Number	Expiration Date

EDUCATION				
SCHOOL	NAME OF SCHOOL	LOCATION	CIRCLE LAST YEAR COMPLETED	GRADUATE Degree Obtained
High School			9 10 11 12	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College			1 2 3 4	
Other				

PROFESSIONAL REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date

CARE ALLIANCE HEALTH CENTER

**APPLICANT DRUG AND ALCOHOL TEST
WAIVER AND RELEASE FORM**

I, _____, hereby consent to the taking of a drug/controlled substance test for the purpose of determining whether I will be considered for hiring by Care Alliance Health Center. I understand that prior to the test, I am obligated to notify Care Alliance Health Center if I am undergoing authorized prescribed medical treatment with controlled substances or prescription drugs, reporting the specific drug or treatment that I am receiving. I also consent to the release of the test results and other relevant medical information to Care Alliance Health Center.

I further understand that if I test “positive” on the drug test, I will not be hired by Care Alliance Health Center even though I may not agree that I have been taking any illegal drug, narcotic, or other such controlled substances. I fully waive, in advance, any right to complain of the results of the drug test, or of any action taken by Care Alliance Health Center as a result of such test, through any legal action or other means of whatever kind or nature, and fully release Care Alliance Health Center, its officers, employees and representatives, from any and all liability arising from the drug test, or in any manner related to my application for employment with Care Alliance Health Center.

I understand that good faith efforts will be made to keep the results of the drug test confidential, and that Care Alliance Health Center will endeavor to assure that the test results will not be revealed to any persons except those personnel who Care Alliance Health Center deems have a need to know such information relating to personnel administration or processing of employment matters, or as may otherwise be required by law.

I have read, understand and voluntarily agree to all the above and accept this as one of the conditions for employment with Care Alliance Health Center.

Printed Name

Applicant Signature

Date

Failure to sign the above waiver and release form discontinues the employment process.