

EMPLOYMENT APPLICATION

1530 ST. CLAIR AVENUE ~ CLEVELAND OH 44114

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address				Apartment/Unit #
City		State		ZIP
Phone		Cell Phone		
()		()		
E-mail Address		Alternate Contact Information:		
Date Available to Start:		Desired Salary: <i>(Must be complete)</i>		
Position Applying for:				

REQUIRED INFORMATION

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			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Other/Certification				

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PROFESSIONAL REFERENCES

Please list three professional references (Do not list friends, co-workers or relative)

Full Name		Professional Relationship:	
Company		Phone	()
Address			
Full Name		Professional Relationship:	
Company		Phone	()
Address			
Full Name		Professional 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? (Double Click Check Boxes to Select)		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? (Double Click Check Boxes to Select)		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? (Double Click Check Boxes to Select)		YES <input type="checkbox"/>	NO <input type="checkbox"/>

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MILITARY SERVICE

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

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and that I fully understand the disclaimer. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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Care Alliance Health Center is an At-Will, Equal Employment Opportunity employer (EEOC); and fully complies with the Americans with Disabilities Act (ADA)



**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.

Print Applicant Name

Applicants Signature

Date

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