

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Position(s) Applied For: \_\_\_\_\_ Date of Application : \_\_\_\_\_  
(MM/DD/YY)

## PERSONAL DATA

Last Name

First Name

Middle Initial

Street Address

City

State

Zip

Telephone: Home: \_\_\_\_\_

Social Security Number:

Work: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Message: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Salary expected: \_\_\_\_\_

Type of employment desired: ☐ Full Time ☐ Part Time ☐ Temporary

Have you ever been employed with CareLink before? ☐ No ☐ Yes, when? \_\_\_\_\_  
(FROM MM/DD/YY)

(TO MM/DD/YY)

Are any of your relatives employed by CareLink? ☐ No ☐ Yes Name(s): \_\_\_\_\_

Have you been convicted of a felony? ☐ No ☐ Yes

## EDUCATION

School Name and Location	Degree	Major	# Years Attended	Graduated Yes or No

License or Certificate:

Office skills:

- ☐ Microsoft Word ☐ Microsoft Powerpoint  
☐ Microsoft Excel ☐ Key Boarding  
☐ Microsoft Access wpm \_\_\_\_\_

Provide any other information that you feel might be helpful:

## Employment Experience

List all positions held starting with your most recent. Include U.S. military service.

Employer Name		Employer Address (Street, City, State Zip Code)		
Supervisor's Name		Supervisor's Title		Supervisor Phone Number
Your Job Title	Start Date	End Date	Start Wages	End Wages
Reason for Leaving:				
Summary of Duties:				

Employer Name		Employer Address (Street, City, State Zip Code)		
Supervisor's Name		Supervisor's Title		Supervisor Phone Number
Your Job Title	Start Date	End Date	Start Wages	End Wages
Reason for Leaving:				
Summary of Duties:				

Employer Name		Employer Address (Street, City, State Zip Code)		
Supervisor's Name		Supervisor's Title		Supervisor Phone Number
Your Job Title	Start Date	End Date	Start Wages	End Wages
Reason for Leaving:				
Summary of Duties:				

Employer Name		Employer Address (Street, City, State Zip Code)		
Supervisor's Name		Supervisor's Title		Supervisor Phone Number
Your Job Title	Start Date	End Date	Start Wages	End Wages
Reason for Leaving:				
Summary of Duties:				

## REFERENCE AUTHORIZATION

May we contact your present employer?

☐ Yes ☐ No

May we contact your former employers?

☐ Yes ☐ No

**I agree that by submitting this form I authorize CareLink, or its agents to make inquiry of my employment history. Further, I hereby give consent to persons, schools, my current employer (if stated above) and previous employers named in this application (and accompanying resume, if any) to provide relevant information as may be requested by CareLink for the purpose of making an employment decision. I agree that the submission will be the same as my written signature.**

## READ CAREFULLY BEFORE SIGNING

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that intentional false statements could lead to my dismissal as an employee or rejection as an applicant.

I understand that any employment relationship with CareLink is of an “at-will” nature, which means that the employee may resign at any time for any reason and the employer may terminate employment at any time for any reason. It is further understood that this at-will employment relationship may not be changed by any written document or by conduct.

I understand that a drug and/or alcohol test may be required prior to employment and that any job offer is conditioned on satisfactory results of the test. I also understand that post-accident and random drug and alcohol testing may be done. I further voluntarily agree to such tests.

I understand that conviction of a crime may disqualify me from employment and that CareLink may request a criminal record check following any job offer. I also understand that any job offer is conditioned on satisfactory results of the criminal record check.

This application is valid for 45 days. At the end of 45 days, if I have not heard from CareLink and still wish to be considered for employment, it will be necessary to fill out a new application.

**I agree that by submitting this form I am attesting to the accuracy of all information and that the submission will be the same as my written signature.**

**Please provide the information below**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

County: \_\_\_\_\_

Position applied for:

\_\_\_\_\_

**How did you learn about us?**

☐ Newspaper. Which one?

☐ CareLink Employee. Please give name:

☐ Other

☐ Job Fair

☐ Employment Office

☐ Internet

☐ Radio

☐ Friend

☐ Walk-in

☐ Television

☐ Not listed above. Please write below:

\_\_\_\_\_

\*\*\*\*\*

The section below is used to collect information which may be used in the completion of various state and federal reports. It will not be used in the selection process and will not remain part of your application. Providing this information is voluntary. Your cooperation is greatly appreciated. Thank you!

Date of birth: \_\_\_\_\_

☐ Female

☐ Male

**Check ethnic origin:**

☐ Asian

☐ Native American

☐ Black

☐ White

☐ Hispanic

☐ Other. Please specify: \_\_\_\_\_

**Check if any of the following are applicable:**

☐ Vietnam Era Veteran

☐ Disabled Veteran

☐ Disabled Individual