

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: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>					
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: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>					
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: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>					
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: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>					

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.

