

CBRC Health & Wellness Clinic
 Employment Application



APPLICANT INFORMATION					
Position Applied for				Today's Date	
Last Name		First		M.I.	
Address			City	State	ZIP
Primary Phone		2nd Phone		E-mail Address	
Date Available for Work		Social Security No.		Desired Salary	
Are you legally authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> How were you referred to us?					
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, position and dates?					
If required for position, do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>					
CBRC positions may have unsupervised access to children and vulnerable adults. YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you may explain here or separately					
Do you have a conviction or adjudication that prevents you from this work?					
EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
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					
Additional Skills					

PREVIOUS EMPLOYMENT (MOST RECENT POSITION FIRST)

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Level (if applicable)	Ending Level (if applicable)	
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 Level (if applicable)	Ending Level (if applicable)	
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 Level (if applicable)	Ending Level (if applicable)	
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 (optional)		

DISCLAIMER AND SIGNATURE

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize CBRC Health & Wellness Clinic to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of CBRC Health & Wellness Clinic serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations. I understand that if employed on a sub/temporary basis, I will be paid for hours worked only and am ineligible for benefits except as required by law. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first ninety days of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Signature

Date