

PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MI	PREFERRED NAME	SOCIAL SECURITY NUMBER
ADDRESS				HOME PHONE
CITY	STATE	ZIP CODE	EMAIL	ALTERNATE PHONE

POSITION DESIRED	
POSITION	SEEKING <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> PRN/SUPPLEMENTAL
DATE AVAILABLE	DESIRED PAY RATE
SHIFT AVAILABILITY: <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> FLEXIBLE <input type="checkbox"/> ANY	
CAN YOU WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CAN YOU WORK HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERRAL INFORMATION		
Indicate specifically how you heard about position openings with Conficare		
<input type="checkbox"/> REHIRE	<input type="checkbox"/> PRINT AD:	<input type="checkbox"/> CONFICARE ASSOCIATE:
<input type="checkbox"/> CONFICARE WEBSITE	<input type="checkbox"/> INTERNET AD:	<input type="checkbox"/> ON-LOCATION CAREER FAIR:
<input type="checkbox"/> DIRECT MAIL	<input type="checkbox"/> OTHER SOURCE:	<input type="checkbox"/> REFERRAL AGENCY:

EDUCATION							
Please indicate any educational, vocational, military, or any other training you have received which will assist us in assessing your qualifications for the position(s) that you are applying for.							
SCHOOL	LOCATION	START DATE		START DATE		DID YOU GRADUATE	DEGREE/PROGRAM OF STUDY
HIGH SCHOOL	CITY/STATE	MONTH	YEAR	MONTH	YEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE/UNIVERSITY	CITY/STATE	MONTH	YEAR	MONTH	YEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE/UNIVERSITY	CITY/STATE	MONTH	YEAR	MONTH	YEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL	CITY/STATE	MONTH	YEAR	MONTH	YEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
VOCATIONAL/TECHNICAL SCHOOL	CITY/STATE	MONTH	YEAR	MONTH	YEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MILITARY TRAINING	CITY/STATE	MONTH	YEAR	MONTH	YEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY - PLEASE ATTACH RESUME						
List your most recent three positions, beginning with most recent employment.						
NAME OF COMPANY/ORGANIZATION			TYPE OF COMPANY		CITY/STATE	
START DATE	END DATE	JOB TITLE			REASON FOR LEAVING	
DUTIES/RESPONSIBILITIES						
STARTING SALARY	FINAL SALARY	SUPERVISOR NAME		SUPERVISOR TELEPHONE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF COMPANY/ORGANIZATION			TYPE OF COMPANY		CITY/STATE	
START DATE	END DATE	JOB TITLE			REASON FOR LEAVING	
DUTIES/RESPONSIBILITIES						
STARTING SALARY	FINAL SALARY	SUPERVISOR NAME		SUPERVISOR TELEPHONE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF COMPANY/ORGANIZATION			TYPE OF COMPANY		CITY/STATE	
START DATE	END DATE	JOB TITLE			REASON FOR LEAVING	
DUTIES/RESPONSIBILITIES						
STARTING SALARY	FINAL SALARY	SUPERVISOR NAME		SUPERVISOR TELEPHONE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROFESSIONAL CREDENTIAL/AFFILIATION				
LICENSE #/CERTIFICATION	STATE/ACCREDITING ORGANIZATION	EXPIRATION DATE		PROFESSIONAL ORGANIZATION MEMBERSHIP
		MONTH	YEAR	
		MONTH	YEAR	

CERTIFICATION OF APPLICATION

- YES NO Are you 18 years of age or older?
- YES NO Are you legally authorized to work in the United States?
- YES NO Do you currently have a pending charge, or have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation)?
- YES NO Are you currently or have you previously been excluded, suspended, or otherwise been ineligible for participation in federal programs?
- YES NO Do you have controlling interest in an entity that is currently or previously has been excluded, suspended, or otherwise been ineligible for participation in federal programs?
- YES NO Have you ever been terminated from a job or resigned from a job as an alternative to termination?
- YES NO Have you ever been disciplined or warned by an employer for excessive absence, lateness, or poor job performance?
- YES NO Are you presently under an employment contract? If yes, when does it expire? _____
- YES NO If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification?
- YES NO Have you ever been the subject of any previous malpractice claims or lawsuits?

By signing below, I certify that the information I have provided on this application is true and correct to the best of my knowledge, and I understand that any misrepresentation or willful omission of facts shall be cause for rejection of this application or termination.

I hereby authorize ConfiCare to conduct work history, education, personal reference, or police record inquiries to determine my acceptability for employment.

I understand, and agree, that as a condition of employment, I will be required to submit to an employment physical examination and other physical examinations consistent with law during my employment with ConfiCare. I may, at the discretion of ConfiCare be required to submit to a drug screen upon request during my employment. I further agree to observe all rules, regulations, and policies of the company.

If I am employed with ConfiCare, I agree to conform to the rules and regulations of the company and understand that my employment can be terminated with or without cause and with or without notice, at any time, at the option of ConfiCare. I further understand that no ConfiCare supervisor, manager, or other company representative other than the General Manager has any authority to enter into an agreement for employment for any specified period of time or to make any agreement varying to the above and that any such agreement must be in writing and signed by the General Manager.

APPLICANT SIGNATURE _____ DATE _____

ADDITIONAL INFORMATION

Please include an additional information that would be helpful; i.e. language skills, additional relevant employment, volunteer work, explanations of any gaps in employment, etc.
