

Community Health Access Coalition

Employment Application

Applicant Information

Full Name: _____ Date: _____

Last

First

M.I.

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Desired Salary: _____ \$

Position Applied for: _____

Are you a citizen of the United States? Yes or No If no, are you authorized to work in the U.S.? Yes or No

Have you ever worked for this company? Yes or No If so, when? _____

Have you ever been convicted of a felony? Yes or No If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes or No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes or No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes or No Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Was this Full time or Part time _____ May we contact this supervisor for a reference? Yes or No

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Was this Full time or Part time _____ May we contact this supervisor for a reference? Yes or No

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Was this Full time or Part time _____ May we contact this supervisor for a reference? Yes or No

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.

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: _____