



“CARE THAT MATTERS”

JOB APPLICATION

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Telephone #: _____ DOB: _____ Social Security No. _____ - _____ - _____

NPI#: _____ Taxonomy Code: _____ CAQH #: _____

Professional License #: _____ Effective Date: _____ Expiration Date: _____

If under 18, please list age _____ Email Address: _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes A conviction does not automatically bar you from employment. If yes: Nature of Offense _____ Date of Offense _____ Penalty _____

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No Driver's License Number _____
 State of issue: _____ Operator Commercial (CDL) Chauffeur. Expiration Date: _____

HAVE YOU EVER BEEN IN THE ARMED FORCES OR NATIONALGUARD? Yes No
 Specialty _____ Date Entered _____ Discharge Date _____

Do you have any Computer Skills? if so, please list:

Please list two professional references. Prefer references other than relatives.

Name: _____ Name: _____ Name _____
 Phone#: _____ Phone#: _____ Phone#: _____

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Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
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Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No **If not, who did?** _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application agreement with Comcare **Support Center** (hereinafter called "CSC"), I agree that:

Neither the acceptance of this application / nor the subsequent entry into any type of employment/contractual relationship, either in the position applied for or any other position, and regardless of the contents of employee / Contractor handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee/or a contractor of **Comcare Support Center**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Directors of the Company. Both the undersigned and **Comcare Support Center** may end the employment/contractual agreement at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your application, the Company will request from a consumer reporting agency an investigative consumer report including information as to my character, general reputation, personal characteristics, and mode of living. A complete criminal background check will be conducted. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment / contractual agreement with the Company shall be probationary for a period of 90 days, and further that at any time during the probationary period or thereafter, my employment / contractual agreement with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment / Contractual agreement decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment / Contractual agreement with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.