



## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

### PERSONAL INFORMATION

|  |                      |                              |                             |
|--|----------------------|------------------------------|-----------------------------|
| NAME (LAST, FIRST, MIDDLE)   | HOME PHONE<br>(    ) | OTHER PHONE<br>(    )        | E-MAIL ADDRESS              |
| STREET ADDRESS   | CITY                 | STATE                        | ZIP CODE                    |
| Have you ever been employed or attended school under another name?                           |                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please provide other name(s)   |                      |                              |                             |
| If hired, can you provide evidence of your identity and eligibility to work in this country? |                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you 18 years of age or older?  |                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If hired, would you have a reliable means of transportation to and from work?                |                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### POSITION INFORMATION

|   |                              |  |
|---|------------------------------|--|
| POSITION DESIRED  | DATE AVAILABLE TO BEGIN WORK | SALARY DESIRED   |
| <b>EMPLOYMENT DESIRED</b><br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Special project (Seasonal, shift work or other) |                              |  |
| If you are applying for part-time or special project work, please describe your availability. _____<br>_____  |                              |  |
| Have you ever applied to Cancer Care Associates before?   |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, when?   |                              |  |
| Can you perform the essential functions of the position for which you are applying with or without a reasonable accommodation?  |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you be available to work overtime if necessary?   |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### EDUCATION

|                     | Name of school | City and State | Dates | Level completed | Degree/ Diploma/ Certification |
|---------------------|----------------|----------------|-------|-----------------|--------------------------------|
| High School         |                |                |       | 9 10 11 12      |                                |
| College             |                |                |       | 1 2 3 4         |                                |
| College             |                |                |       | 1 2 3 4         |                                |
| Vocational Training |                |                |       |                 |                                |

Describe below how your educational experiences relate to the position for which you are applying at Cancer Care Associates.

**SKILLS**

Please check any boxes corresponding to skills you possess

 Typing WPM \_\_\_\_\_ 10 key SPM \_\_\_\_\_ Please circle: Touch / Sight Word Processing (List software) \_\_\_\_\_ Bilingual Language(s): \_\_\_\_\_ Please circle: Speak / Read / Write CPR Certified / Expiration date \_\_\_\_\_ Other Medical/Vocational certificates, licenses or registrations currently held \_\_\_\_\_Do you have any other experience, training, qualifications, accomplishments or skills which you feel make you suited for the position?  
If so, please explain.**FORMER EMPLOYERS** List below your employment history for the past 10 years, or your last three employers, (whichever is greater) starting with the most recent position. You may attach an extra sheet of paper if more room is needed.

|                              |                |                              |                                   |
|------------------------------|----------------|------------------------------|-----------------------------------|
| Name and Address of Employer |                | Telephone No.                | Dates of Employment<br>Fr:<br>To: |
| Job Title                    | Salary History | Name of Immediate Supervisor |                                   |
| Describe Your Job Duties     |                | Reason for Leaving           |                                   |

|                              |                |                              |                                   |
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| Describe Your Job Duties     |                | Reason for Leaving           |                                   |

|   |
|---|
| Have you ever been terminated from employment for a reason other than a layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Contact: _____ Title: _____ Phone No. _____   |
| Is there a criminal conviction (misdemeanor or felony) on your record? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Date of conviction _____  |
| If yes, please describe. Conviction does not automatically exclude you from consideration. Cancer Care Associates will consider whether the offense is relevant to the position for which you have applied. |
| Do you have relatives employed by Cancer Care Associates? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If yes, what are their names and relationship to you?   |

**REFERENCES** Please list three professional references (excluding relatives) who have knowledge of your work performance.

| Name | Phone Number | Occupation | Number of Years Acquainted |
|------|--------------|------------|----------------------------|
|      |              |            |                            |
|      |              |            |                            |
|      |              |            |                            |

**PLEASE READ AND SIGN BELOW.** Applications that have not been signed will be considered incomplete and will not be accepted.

I certify that all information submitted on this application is true and complete. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any falsification, omission, or misrepresentation of material facts may constitute grounds for rejection of this application or immediate dismissal from employment, if hired, regardless of the time elapsed before discovery of the omission or misstatement.

I authorize Cancer Care Associates to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize my former employers to disclose to Cancer Care Associates any and all records and information related to my work, and release the company, my former employers and all other persons or entities from any and all liability for issuing, receiving or using such information.

I understand and agree that any job offered extended by Cancer Care Associates will be contingent on successful passing of drug testing. I further understand and agree that a job offer may be conditional based on a post-offer medical examination and any other testing to the extent permitted by applicable laws.

I agree that if employed, I will abide by Cancer Care Associates' policies and procedures. Upon termination, I authorize the release of reference information regarding my work while employed at Cancer Care Associates and release all employees, agents and representatives from any and all claims I may have as a result of such truthful disclosure.

I understand that nothing contained in this application or conveyed during any interview, which may be granted, is intended to create a contract of employment. I understand that employment at Cancer Care Associates is at-will, for no definite period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company. Agreements contrary to this policy may only be made in writing, signed by me and two of the company's directors.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_