

# Comprehensive Health Network

## Application for Employment

Print clearly. All information is confidential and will be retained for one (1) year. Employees of CHN work in highly regulated areas and must work with integrity and ethics.

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

If you cannot be reached at the above phone number, where may we contact you?

Name of Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### List any previous addresses within the past five (5) years / or Check NONE

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Employment Desired

Type of work desired: \_\_\_\_\_

Will you except employment:    Full Time    Part Time    Casual    Temporary

Are you 18 years of age or older?    Yes    No            Are you employed now?    Yes    No

May we contact your present employer?    Yes    No

Who/what prompted you to contact CHN? \_\_\_\_\_

### Education

Circle highest grade completed:    8 9 10 11 12    1 2 3 4

Did you graduate from high school?    Yes    No    GED            College?    Yes    No

(High School)	Name of School	City	State	Years
(College)	Name of School	City	State	Years
(Other)	Name of School	City	State	Years

Scholastic Honors received: \_\_\_\_\_

Were you in the Armed Forces?    Yes    No    If yes, what branch: \_\_\_\_\_

Dates of Duty: \_\_\_\_\_ through \_\_\_\_\_ . Rank at discharge : \_\_\_\_\_

### Professional Licenses and/or Certifications

Type	Organization or State Issued	Date Issued	Number

### Personal References

Identify two (2) personal references not related to you, whom you have known for at least one (1) year:

Name	Address	Phone Number
Name	Address	Phone Number

### Criminal Background

Have you ever been convicted of a felony?    Yes    No    If yes, indicate for what, when, and where: \_\_\_\_\_

Note: Conviction will not necessarily exclude you from employment.

**Employment History**

Do you have any non-compete and/or non-solicitation agreement or contract with a current or previous employer that would in any way interfere with you accepting a position with CHN? \_\_\_ Yes \_\_\_ No If yes, for how long does this agreement and/or contract prevail? \_\_\_\_\_

List current (or most recent) employer first and all others in reverse chronological order.

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Position held: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
May we contact your employer for a reference: Yes No

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Position held: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
May we contact your employer for a reference: Yes No

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Position held: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
May we contact your employer for a reference: Yes No

If your former employment references, education or military service are under a name(s) other than that indicated on the front of the application, please indicate here:

**Employment Understanding (Please Read and Sign)**

Note: CHN does not discriminate in hiring or any other decision on the basis of age, race, color, sex, creed, national origin, or handicap(s) unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. Employment is conditional based upon the results of your criminal background check. Conviction of a criminal offense will not necessarily preclude your employment.

All CHN employees are employed at will. This means that employment is for no specific period of time, and may be terminated by either party at any time, for no reason or for any lawful reason.

I understand that it is CHN's policy to screen all new hires for substance abuse and that a positive result may eliminate me from employment.

I voluntarily give CHN the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, or corporations supplying such information.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three (3) days show satisfactory evidence and eligibility for employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant to Complete After Interview**

After reviewing the job description and physical requirements, can you perform the essential functions of this job with or without reasonable accommodation?	Yes	No
Can you satisfy the attendance requirements/hours of work requirements of the position?	Yes	No
How many Monday or Fridays were you absent from your last job?		
Do you use illegal drugs?	Yes	No
After having a description of the hiring process, do you need a reasonable accommodation during this process?	Yes	No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_