



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Date of Birth : _____

Position Applied for: _____ Desired Salary: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ 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: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS EMPLOYMENT INQUIRY IS TRUE, CORRECT, AND COMPLETE. IF EMPLOYED, I ACKNOWLEDGE AND UNDERSTAND THAT:

- Any misstatement or omission of fact on this employment inquiry may result in my dismissal.
- I must submit acceptable evidence of my right to work in the United States.
- CMC facilities are tobacco-free facilities and use of tobacco in any form (including e-cigarettes) is prohibited on company property. New hires must not use tobacco on campus.
- CMC facilities are tobacco, drug and alcohol free workplaces. I must remain free of nicotine, illegal drugs, alcohol and abusive levels of prescription drugs at work; and comply with the Drug & Alcohol Use/Abuse and Tobacco-Free policies.
- I hereby authorize CMC to obtain background checks for the purpose of potential employment and by signing this application, I give consent to any background checks and drug testing. This does not ensure employment but is used as an assessment for employment consideration.
- I will be required to comply with all company policies and procedures
- I authorize this employment inquiry to be viewed by any affiliated corporations
- I am required to report any known or suspected practices that may violate state or federal law, including but not limited to Medicare fraud and abuse. I also understand that I am required to report such conduct to a CMC Human Resource executive.
- I understand that CMC employees are employers at will, which means that my employment is not for definite term and that either company or I will have the right to terminate the employment relationship at any time, with or without cause or notice. I also understand that this status can only be altered by a written contract of employment that is specific as to all material terms and is signed by the CEO or Administrator of CMC and me.
- Upon termination, I will return in good condition any company property issued to me or to allow for the value of same, plus any outstanding accounts, to be deducted from my wages.
- I agree to notify the organization in writing with in five to seven (5-7) days of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed or served malpractice suit or arbitration action; any adverse action by a state licensing board, any adverse action which has resulted in the filing of a report with the state licensing board, any revocation of DEA license, a conviction or charge of any felony or misdemeanor, any action against any certification under the Medicare or Medicaid programs, or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage.
- I hereby authorize CMC to confirm the information that appears in this employment inquiry and authorize all former employers, universities or colleges, references, credit and government agencies, or other persons, firms, corporations and institutions to provide such information to CMC without delay.
- I hereby authorize CMC to complete a background check

As required by the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your employment inquiry, consumer report may consist of employment records, educational verification, and licensure verification, driving history, previous addresses and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are inquiring.

If you are denied employment, either wholly or partly, because of the information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such a report.

Signature: _____

Date: _____

AUTHORIZATION FOR BACKGROUND CHECKS

I instruct and authorize CROCKETT MEDICAL CENTER to obtain a consumer report(s) (or background check report(s)) on me, including any investigative consumer reports and any consumer credit reports.* I also agree that a copy of this form is valid like the signed original.

The consumer reporting agency (CRA) ADP Screening and Selection Services, Inc. (ADP SASS) will conduct the background check and prepare the background check report for the Company. ADP SASS is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933, or at www.adpselect.com.

I understand that, as allowed by applicable law, the Company may rely on this authorization to order additional backgroundcheck reports, including investigative consumer reports and any consumer credit reports* (1) during my employment or time as a volunteer or independent contractor, as applicable, and (2) from any CRA other than ADP SASS without asking me for my authorization again. I understand the Company may order background check report(s) under my legal name and any other names I may have used.

I also instruct and authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to me: credit history*; public records; a Social Security number verification; driving records; military service; credentials/certifications; worker's compensation injuries; and verification of prior employment and education.

***I understand that I am instructing and authorizing the Company to obtain a consumer credit report only to the extent permitted by law. If I reside or anticipate being employed in New York City, I understand that I am not being asked to authorize a consumer credit report by signing this document.**

By signing below, I understand that I am agreeing to the terms contained in this document.

Please print your full legal name:

Last Name _____ First _____ Middle _____

Signature

Today's Date (Month/Day/Year)