

Application for Employment

CMCS is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Position Applied for _____ Full Time Part Time

Referral Source: Advertisement Friend Relative Walk-in

Employee Referred (Name): _____

Date Available _____ Salary Desired _____

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Telephone: () _____ Social Security Number ____/____/____

Email: _____ Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States? Yes No
 (If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever been employed here before? Yes No If yes, give date: _____

Have you ever been convicted of a felony within the last 7 years? Yes No
 (Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: _____

EDUCATION

Level of Education	Name/Address of School	Years completed	Did you graduate?	Degree received
High School				
College/University				
Technical School				
Other Education				

PROFESSIONAL AND TECHNICAL CREDENTIALS: (RN, LPN, Technicians, or other licensed occupations.) List all Professional and Technical licenses/registrations/certifications you currently hold.

License	Date Issued	License No.	Issuing Authority	Exp. Date	State

EMPLOYMENT HISTORY:

Start with your most recent employment. Include military service assignments and volunteer activities. You may exclude organization names which indicate color, race, religion, gender, national origin, handicap or other protected status.

Employer Address	Dates Employed		Work Performed
	From	To	
Telephone	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for leaving			

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REFERENCES:

List name, address, and telephone number of two work-related or professional references who are not related to you:

Name: _____ Occupation: _____

Address _____ Phone: () _____

Name: _____ Occupation: _____

Address _____ Phone: () _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize CMCS to verify their accuracy and to obtain reference information on my work performance. I hereby release CMCS from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____



Cooperative Managed Care Services, LLC
Criminal Background Check Authorization

I, the below signed job applicant, do hereby authorize Cooperative Managed Care Services, LLC or its designee to conduct a criminal background check on me as a part of the job application process. I hereby authorize any law enforcement agency to release information, records and documents concerning any criminal charges brought against me.

Applicant's Full Name

Social Security Number

Applicant's Date of Birth

Today's Date

Applicant Signature

Witness Signature