

# Comprehensive Health Network

## Application for Employment

Print clearly. All information is confidential and will be retained for six (6) weeks. Employees of CHN work in highly regulated areas and must work with integrity and ethics.

### Personal Information

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

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

### 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
Type	Organization or State Issued	Date Issued	Number

## Employment History

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

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:

Have you ever been convicted of a crime? Yes No If yes, indicate for what, when, and where.

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

Name	Address	Phone Number
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Name	Address	Phone Number
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## 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 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. I consent to take a physical examination, and such future physical examinations as may be required by CHN at such times and places as CHN shall designate. I understand that an offer of employment is contingent on passing the physical examination which relates to the essential duties I would be required to perform and may include a drug screening.

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