



Application For Employment

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS
PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PLEASE COMPLETE PAGES 1-5.

Date _____

First and Last Name _____ Middle _____ Maiden _____

Present Address _____ City _____ State _____ Zip _____

How long _____

Social Security No. _____ - _____ - _____

Telephone _____

If under 18, please list age _____

Position applied for (1) _____

Days/hours available to work:

and salary desired (2) _____

No Pref _____ Thur _____

(Be specific)

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? ☐ Yes ☐ No

Employment Desired ☐ Full-Time Only ☐ Part-Time Only ☐ Full- or Part-time

When available for work? _____

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Do you have a driver's license? ☐ Yes ☐ No

What is your means of transportation to work? _____

Driver's License Number _____ State of Issue _____

☐ Operator ☐ Commercial (CDL) ☐ Chauffeur

Expiration Date _____

Have you had any accidents during the past three years? ☐ Yes ☐ No How many? _____

Have you had any moving violations during the past three years? ☐ Yes ☐ No How Many? _____

Typing ☐ Yes ☐ No _____ WPM

10-key ☐ Yes ☐ No

Personal Computer ☐ Yes ☐ No

Word Processing ☐ Yes ☐ No _____ WPM

☐ PC ☐ Mac

Other Skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone _____ Telephone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Military

Have you ever been in the armed forces? ☐ Yes ☐ No

Are you now a member of the national guard? ☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience: Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer _____

Address _____

City _____ State ____ Zip _____

Phone Number _____

Reason for Leaving (Be Specific)

Name of Last Supervisor	Employment Dates	Pay or Salary
	From:	Start:
	To:	Final:
Your Last Job Title:		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer _____

Address _____

City _____ State ____ Zip _____

Phone Number _____

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	From:	Start:
	To:	Final:
Your Last Job Title:		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself? ☐ Yes ☐ No

If not, who did? _____

Please Read Carefully

Application Form Waiver

In exchange for the consideration of my job application by Gabrail Cancer Center (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Gabrail Cancer Center, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Gabrail Cancer Center may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Name_____

Date_____

Title 21 – Food And Drugs

Chapter II – Drug Enforcement Administration Department of Justice

Within the past 5 years, have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain.

Within the past 2 years, have you ever been convicted of a misdemeanor? ☐ Yes ☐ No

If yes, please explain.

Are you presently formally charged with committing a criminal offense? ☐ Yes ☐ No

(Do not include any traffic violations, juvenile offenses, or military convictions, except by general court martial)

If yes, please furnish details of conviction, offense, location, date and sentence.

In the past 3 years have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed to you by a physician? ☐ Yes ☐ No

If yes, please furnish details.

Signature_____