

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Cell Phone: () Emergency Name & Phone: ()

Email Address: _____ SSN: _____

Date Available to Start Working: _____ Available Days: _____ Available Hours: _____

Position Applying for: _____ Desired Salary: \$ _____

Referred By: _____ Are you authorized to work in the United States? YES NO

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

Have you ever been convicted or plead guilty or no contest to a felony criminal offense? YES NO Conviction of a crime is not an automatic bar to employment, other factors such as the nature and date of the crime will be taken into consideration.

If yes, explain: **IMPORTANT:** For purposes of employment with C&S Healthcare Services, Inc. "conviction" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution

Education

High School: _____ Address: _____

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

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: _____

Please See Reverse

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 my answers are true and complete to the best of my knowledge.

I understand that any incomplete or incorrect information in my application or interview may result in not being hired, or if I am hired, may result in termination of employment. Furthermore, I understand that if I am hired, my employment will be on an at will basis.

“I (_____), agree to immediately notify C&S Healthcare Services, Inc. if I am convicted of, receive adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or breach of trust, while my application is pending or during my period of employment, if hired.”

Signature: _____ Date: _____