
APPLICATION FOR EMPLOYMENT

Position(s) applied for: _____ Application Date: ____/____/____

Name: _____

Address: _____

Telephone: (____) _____ - _____ Time: _____ AM/PM

Alternate Phone: (____) _____ - _____ Time: _____ AM/PM

Employment Desired: Full-time Only Part-time Only Full or Part-time

Date Available: ____/____/____ Desired Salary: \$_____ Per Hour/Salary

Days/Hours Available to Work:

No Preference Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Available for overtime? Yes No

If under 18, please list age: _____

Can you legally work in the United States? Yes No

Have you ever been convicted of a felony? 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.* _____

If you are bilingual, what languages do you speak, read, or write? _____

PREVIOUS EMPLOYMENT

List present, or most recent position first. Please cover last 10 years of employment. *Resume may be substituted for employment history detail.* May we contact your present employer? Yes No

Employer Name: _____ Phone Number: _____

Employer's Address: _____

Job Title: _____

Description of your job: _____

Reason for leaving: _____

Supervisor's Name: _____

Phone Number: _____

May we contact this employer as a reference? Yes No

Employer Name: _____ Phone Number: _____

Employer's Address: _____

Job Title: _____

Description of your job: _____

Reason for leaving: _____

Supervisor's Name: _____

Phone Number: _____

May we contact this employer as a reference? Yes No

Employer Name: _____ Phone Number: _____

Employer's Address: _____

Job Title: _____

Description of your job: _____

Reason for leaving: _____

Supervisor's Name: _____

Phone Number: _____

May we contact this employer as a reference? Yes No

Employed	From: ____/____/____
	To: ____/____/____
Pay	Starting: \$_____ hourly/salary
	Final: \$_____ hourly/salary

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	To: ____/____/____
Pay	Starting: \$_____ hourly/salary
	Final: \$_____ hourly/salary

Employed	From: ____/____/____
	To: ____/____/____
Pay	Starting: \$_____ hourly/salary
	Final: \$_____ hourly/salary

EDUCATIONAL BACKGROUND - If Job Related

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

PROFESSIONAL LICENSE, REGISTRATION & CERTIFICATION

Profession: _____

License, Registration or Certification #: _____

Date Earned: _____

Expiration Date: _____

State Issued: _____

Post graduate seminars taken in the last 2 years: _____

ADDITIONAL INFORMATION

In addition to your work experience, what other experiences, skills, qualifications would especially prepare you to work in our office?

List professional, trade, business, or civic associations and any offices held (**Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status**).

Organization	Offices Held

PROFESSIONAL REFERENCES

List name and telephone number of **three** business/work references who are able to comment on your professional knowledge, skill and experience. Please include at least one supervisory reference.

For Office Use Only:

Print &
Reset



READ CAREFULLY BEFORE SIGNING

In exchange for the consideration of my job application by ProCare Pain Solutions (hereafter called "the Company"), I agree that:

Employment in any position with the Company is for no definite period of time and is terminable at will, by either party, for any reason, at any time. I also understand and agree that this provision may be changed only by written communication signed by the President/CEO of the Company, and that I may not rely upon any oral representations to the contrary.

I authorize investigation of all statements contained in this application. I further understand that any false statements or omissions may warrant rejection of this application, or dismissal, if discovered at any time following hiring.

I also understand that (1) the company has a drug and alcohol policy that provides for random pre-employment 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 my employment with the Company shall be in an orientation status for a period of ninety (90) days, and further that at any time during the orientation period or thereafter, my employment relation with the company is terminable at will for any reason by either party.

I agree that any claim, including a lawsuit, relating to my service with the company, or any of its affiliates, subsidiaries, assigns, etc., must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

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.