

EMPLOYMENT APPLICATION

Employer: Care Net
Address: 44180 Riverside Parkway, Suite 200, Lansdowne, VA 20176
Telephone: 703.554.8734
Fax: 703.554.8735

GENERAL INFORMATION

Applicant Name _____
Physical Address _____
City _____ State _____ Zip _____ Number of years at this address _____
Daytime Phone _____ Evening Phone _____
Email _____

EMERGENCY CONTACT

Contact Name _____
Relationship to you _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____

JOB POSITION

Applying for _____
Salary desired \$ _____ per _____
Who referred you to Care Net _____
Have you applied to Care Net previously? Yes No If yes, when? _____
Are you at least 18 years old? Yes No
Are you willing to work any shift, including nights and weekends? Yes No
If no, please state any limitation: _____
If you were offered employment, when would you be available to begin work?
Are you legally eligible for employment in the United States? Yes No
Are you able to perform the essential functions of the job position with reasonable accommodations? Yes No

What additional accommodations, if any, would you require:

APPLICANT EMPLOYMENT HISTORY

List your current or most recent employment first. *(Please complete even if you provide a resumé. Please attach resumé to this application.)*

Employer Name _____
Address _____
City _____ State _____ Zip _____
Job duties _____
Reason for leaving _____
Employed from (MM/YY) _____ to _____ May we contact this employer? Yes No

Employer Name _____
Address _____
City _____ State _____ Zip _____
Job duties _____
Reason for leaving _____
Employed from (MM/YY) _____ to _____ May we contact this employer? Yes No

Employer Name _____
Address _____
City _____ State _____ Zip _____
Job duties _____
Reason for leaving _____
Employed from (MM/YY) _____ to _____ May we contact this employer? Yes No

APPLICANT EDUCATION & TRAINING

High School Name _____
Address _____
City _____ State _____ Zip _____
Last grade 9th 10th 11th 12th Diploma? Yes No

College Name _____
Address _____
City _____ State _____ Zip _____
Did you receive a degree? Yes No If yes, degree received _____

College Name _____
Address _____
City _____ State _____ Zip _____
Did you receive a degree? Yes No If yes, degree received _____

COMPUTER/SOFTWARE TECHNOLOGY SKILLS & PROFICIENCY:

OTHER TRAINING OR PROFESSIONAL DESIGNATIONS:

AWARDS, HONORS, SPECIAL ACHIEVEMENTS:

REFERENCES

List any four people who would be willing to provide a reference for you. References will not be contacted unless you are a final candidate. *(No more than one reference can be personal, but no relatives, and at least one must be a former supervisor.)*

Name _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____
Relationship _____ Email _____

Name _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____
Relationship _____ Email _____

Name _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____
Relationship _____ Email _____

Name _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____
Relationship _____ Email _____

PLEASE PROVIDE ANY OTHER INFORMATION THAT YOU BELIEVE SHOULD BE CONSIDERED:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Care Net to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its officers, the employment relationship will be entirely voluntary in nature. All Care Net personnel, unless employed by a specific employment contract, are at-will employees whose employment is subject to termination for any lawful reason, with or without cause, at any time at their own initiative or at the initiative of Care Net. Moreover, no agent, representative, or employee of Care Net, except in a specific written contract of employment signed on behalf of the organization by its officers, has the power to alter or vary the voluntary and at-will nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS. Yes No

Print Applicant Name

Applicant Signature

Date