



APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS ACTIVE FOR 60 DAYS FROM THE DATE COMPLETED.

The Cancer Center of Huntsville, P.C. is an equal opportunity employer. This organization selects the best qualified individual for the position based on employment-related qualifications regardless of race, color, age, sex, religion, national origin, mental or physical disability, marital status, veteran status, or any other status protected by law.

PERSONAL INFORMATION

Date: _____

Name: _____
 Last First Middle Maiden

Present address: _____
 Number Street City State Zip

Date of Birth: _____ Social Security No: _____

Telephone: () _____ Cell: () _____

E-mail: _____

EMPLOYMENT DESIRED

Position(s) applied for: _____ Years of Experience: _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY PRN

When are you available to start work? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALISATION	NUMBER OF YEARS COMPLETED
High School				
College/ university				
Professional or Graduate School				

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 company name. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
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	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
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		From To	Start Final
	Your last job title		

Reason for leaving (Please be specific)

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

Are you currently employed? Yes No

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

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. (You may use the space below to explain.

Note: A criminal conviction will not necessarily be a bar to consideration for employment. The disclosure of a misdemeanor conviction will not automatically result in disqualification . Criminal histories will be submitted to the National Crime Information Center (NCIC) for verification. Failure to disclose a conviction may be considered as grounds for disqualification. For these reasons, applicants should be careful to disclose all criminal convictions.

Have you ever been employed with this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when? _____			
Do you have any friends or relatives employed by this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide their names and relationship to you. _____			
REFERENCES			
Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.			
Name		Occupation	
Company name		Address	
Telephone		E-mail	Years acquainted
Name		Occupation	
Company name		Address	
Telephone		E-mail	Years acquainted
Name		Occupation	
Company name		Address	
Telephone		E-mail	Years acquainted

APPLICATION FORM WAIVER – PLEASE READ CAREFULLY

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Cancer Center of Huntsville to hire me. If I am hired, I understand that either The Cancer Center of Huntsville or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of The Cancer Center of Huntsville has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The Cancer Center of Huntsville true and complete information on this application. No requested information has been

concealed. I authorize The Cancer Center of Huntsville to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature_____ **Date**_____