

CANCER CARE ASSOCIATES

Advancing the Standard for Cancer Care.

PRE EMPLOYMENT APPLICATION

PERSONAL DATA					
(Print) First Name		Middle or Maiden Name		Last Name	
Address-street and number		City		State	Zip
List any other names that you have worked or attended school under.				Home Telephone ()	
				Daytime and/or office Telephone ()	
Are you currently allowed to work according to the United States Department of Immigration Regulations, and if hired can you produce evidence to that effect? YES NO					
Are you a United States citizen? YES NO					
Name of relative(s) employed by CCA		Relationship		Occupation	
WORK PREFERENCES					
Type of employment for which you are applying FULL-TIME PART-TIME			Nature of position you seek REGULAR TEMPORARY		
Position(s) desired					
What is your career objective?					
Location preferences				Approximate salary expected \$ /	
				Date available	
NOTE TO EMPLOYMENT APPLICANT: IN THE FOLLOWING SECTIONS, RESPECTIVE DATES ARE REQUESTED ONLY FOR THE PURPOSE OF ESTABLISHING CREDENTIALS/QUALIFICATIONS AND ENABLING CCA TO INDEPENDENTLY VERIFY THEM.					
U.S. MILITARY SERVICE					
Branch of U.S. Services		DATE ENTERED		DATE DISCHARGED	
		mo	yr	mo	yr
Rank at discharge					
Nature of duties and any special training and honors received					
EDUCATION					
CIRCLE LAST YEAR COMPLETED		GRAMMAR SCHOOL 1 2 3 4 5 6 7 8		HIGH SCHOOL 9 10 11 12	
SCHOOL NAME AND LOCATION		DATES ATTENDED		DID YOU GRADUATE?	
High School					
College or University					
Other					
Foreign Languages		(Language)		Read Write Speak	
				Fluently Moderately well With difficulty	
DRIVING RECORD					
Type of driver license held					
Have you ever had a driver's license revoked? YES NO				If yes, explain	
REMARKS					
HOW DID YOU HEAR ABOUT THIS POSITION?		Do you know any of our employees?		If yes, their names	
		YES NO			
HAVE YOU EVER BEEN EMPLOYED BY CCA? YES NO		Date		Position	
				Location	

ADDITIONAL SKILLS

(APPLICANT SHOULD NOTE ANY INFORMATION PERTINENT TO HIS OR HER QUALIFICATIONS NOT COVERED BY THIS APPLICATION.)
SPECIAL ABILITIES, COMPUTER SKILLS, MACHINES OPERATED, PROFESSIONAL ACTIVITIES & ACHIEVEMENTS, PATENTS, SIGNIFICANT PROJECTS, ETC.

EMPLOYMENT

BEGIN WITH MOST RECENT
PLEASE INDICATE LAST FOUR EMPLOYERS OR TEN YEARS, WHICHEVER IS GREATER

DATE MONTH AND YEAR	CO. NAME AND STREET ADDRESS (CITY, ST, ZIP) OF EMPLOYER	SALARY/PER	POSITION	REASON FOR LEAVING
1. from		\$ _____ / _____		
	Co. Phone # _____ Supervisor Name _____			
1. to				
2. from		\$ _____ / _____		
	Co. Phone # _____ Supervisor Name _____			
2. to				
3. from		\$ _____ / _____		
	Co. Phone # _____ Supervisor Name _____			
3. to				
4. from		\$ _____ / _____		
	Co. Phone # _____ Supervisor Name _____			
4. to				

BUSINESS REFERENCES

NAME	STREET ADDRESS (CITY, ST, ZIP)	BUSINESS	TELEPHONE	RELATIONSHIP
			()	
			()	
			()	

May we contact these references? YES NO If No, please explain.

APPLICANT CERTIFICATION AND ATTEST OF UNDERSTANDING

"I CERTIFY THAT THE FACTS CONTAINED IN THIS EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL."

"I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

"I AGREE TO NOTIFY CANCER CARE ASSOCIATES IN WRITING WITHIN FIVE (5) DAYS OF RECEIVING ANY WRITTEN OR ORAL NOTICE OF ANY ADVERSE ACTION, INCLUDING, WITHOUT LIMITATION, ANY FILED AND SERVED MALPRACTICE SUIT OR ARBITRATION ACTION; ANY ADVERSE ACTION BY A STATE LICENSING BOARD TAKEN OR PENDING; ANY ADVERSE ACTION WHICH HAS RESULTED IN THE FILING OF A REPORT WITH THE STATE LICENSING BOARD OR A REPORT TO THE NATIONAL PRACTITIONER DATA BANK; ANY REVOCATION OF DEA LICENSE; A CONVICTION OF ANY FELONY OR A MISDEMEANOR OF MORAL TURPITUDE; ANY ACTION AGAINST ANY CERTIFICATION UNDER THE MEDICARE OR MEDICAID PROGRAMS; OR ANY CANCELLATION, NON-RENEWAL OR MATERIAL REDUCTION IN MEDICAL LIABILITY INSURANCE POLICY COVERAGE. I ACKNOWLEDGE THAT FAILURE TO COMPLY WITH THE ABOVE MEASURES, IN THE EVENT I BECOME EMPLOYED, CAN RESULT IN DISCIPLINARY ACTION OR IN THE TERMINATION OF MY EMPLOYMENT."

Signature of Applicant

Date

Cancer Care Associates is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications.