

# Central Alabama Wellness Application for Employment

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status.

This application must be completed and executed prior to becoming eligible for employment with **Central Alabama Wellness**.

**Date of Application:** \_\_\_\_\_ **Position(s) applied for:** \_\_\_\_\_

APPLICANT INFORMATION				
<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>	<u>Social Security Number</u>	
<u>Address</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<b>CONTACT NUMBERS</b>	<u>Home Telephone</u>		<u>Work Telephone</u>	
	<u>Name of person we may contact if you are unavailable</u>			<u>Telephone Number</u>
<b>Available to work?</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temp	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check all shifts you are willing to work (Hourly positions)</b>	<input type="checkbox"/> 7:30a-4:30p	<input type="checkbox"/> 7:45a-4:45p	<input type="checkbox"/> 8:00a-5:00p	<input type="checkbox"/> 7:00a-3:00p
	<input type="checkbox"/> 11:00p-7:00a			

GENERAL INFORMATION			
Have you ever been employed by us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give dates/title:	Date Position
Have you ever been employed with a State, County or City Government Entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Entity	Date Department/Position
Can you submit legal verification of your right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.	
Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been terminated from employment or asked to resign by an employer?	If yes, provide company and details:
Have you ever been convicted of or pleaded guilty to a felony or misdemeanor, other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes,	When? Where?
For What Crime: (Conviction of a crime will not necessarily disqualify you from employment.)			

DRIVING HISTORY			
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which State? _____	License No.: _____
		Expiration Date: _____	

EDUCATION				
Are you a high school graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, do you have a GED or equivalent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
School Name:		Location:		
<u>College/University Name and Location</u>	<u>Major Course of Study</u>	<u>Completed</u>	<u>Type of Degree</u>	<u>Degree Received</u>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Certification, Registrations and Licensure</u>	<u>Document Number</u>	<u>State</u>	<u>Date Issued</u>	<u>Date Expires</u>

## EMPLOYMENT HISTORY

Describe your work history beginning with your current or most recent job. Include military and/or volunteer experience. **Applicants must provide all past employers covering the last ten years from the date of this application, including any periods of unemployment. Failure to give complete information regarding each job held may result in your disqualification. A resume will not be accepted in lieu of completing this section.**

May we contact your present employer?       Yes       No

Current/Most Recent Organization/Firm		Street Address		City	State	Zip Code
From Mo/Yr	To Mo/Yr	Telephone		Supervisor's Name and Phone Number		
Official Job Title	Starting Salary	Ending Salary	Reason for Leaving			

Describe Specific Duties:

Organization/Firm		Street Address		City	State	Zip Code
From Mo/Yr	To Mo/Yr	Telephone		Supervisor's Name and Phone Number		
Official Job Title	Starting Salary	Ending Salary	Reason for Leaving			

Describe Specific Duties:

Organization/Firm		Street Address		City	State	Zip Code
From Mo/Yr	To Mo/Yr	Telephone		Supervisor's Name and Phone Number		
Official Job Title	Starting Salary	Ending Salary	Reason for Leaving			

Describe Specific Duties:

Organization/Firm		Street Address		City	State	Zip Code
From Mo/Yr	To Mo/Yr	Telephone		Supervisor's Name and Phone Number		
Official Job Title	Starting Salary	Ending Salary	Reason for Leaving			

Describe Specific Duties:

Add additional pertinent information on an additional sheet.

## REFERENCES

Provide name, email address and telephone number of at least three professional references who are **NOT** related to you

- 1.
- 2.
- 3.

**SPECIAL SKILLS:**

What special skills, qualifications, training or certifications have you gained from former employers or other experiences, which relate to the type of work for which you are applying?

Yrs.    Mos.


**APPLICANT'S STATEMENT**

I certify that the information given in this application is true and correct to the best of my knowledge. I understand that this application is not a contract of employment. I understand that submission of this application in no way guarantees me a position with CAW and that no representative has the authority to enter into any employment agreement with me without prior written consent of the Board of Directors. I further understand that should employment be offered, CAW or I may terminate my employment and compensation, with or without cause, at any time.

I understand that any misrepresentation by me in this application or other employment material will be sufficient cause for cancellation of this application and/or my dismissal at any time during my employment. In addition, pursuant to Alabama Code § 25-5-51, **misrepresentation as to preexisting physical or mental condition may void my Workers' Compensation benefits.**

I authorize the release of high school and college transcripts, information concerning my previous employment and any information my former employers may have pertinent to this application and the employment procedures of CAW. I release all parties from liability for any damage that may result from requesting, providing, processing, retaining or releasing any information about me. A photographic copy of this authorization shall be as valid as the original.

I understand that information submitted with this application becomes part of the application and the property of CAW and cannot be returned. I understand that the information I provided on the application may be subject to public disclosure under the Alabama Open Records Law.

I understand that CAW is an equal opportunity employer and does not discriminate in employment and no questions on this application are used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state or federal law.

I understand that disclosure of my Social Security number on this application for employment is voluntary, that this information is solicited pursuant to the employer's policies, and that it is intended to be used for the purposes of identification and tracking by the employer in employment transactions.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_