



EMPLOYMENT APPLICATION

CFG Health Network (CFG) considers all applicants for employment without regard to race, color, religion, sex, marital status, national origin, age, sexual orientation, disability or veteran status, in accordance with federal law. In addition, CFG complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. CFG also provides reasonable accommodations to individuals with a disability in accordance with applicable laws.

Last Name	First Name	Middle Name	Date
Street Address			Home Telephone ()
City, State, Zip			Alternate Telephone ()
Drivers License Number	State Issued	Expiration Date	Social Security Number
Have you ever been employed by CFG? <input type="checkbox"/> Yes <input type="checkbox"/> No			E-mail Address
If yes, from _____ to _____			Salary Desired
Position _____ Dept _____			Position Desired
Reason for Leaving _____			
Type of Employment Requested <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			Date Available
How did you learn of the opportunity? _____			
Are you legally eligible for employment in the United States? <i>Proof of citizenship or immigration status will be required upon employment</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No

Veteran of U.S. Military Service

Yes

No

Branch From To Rank Current Status

EDUCATION & TRAINING (LIST MOST RECENT FIRST)

HIGH SCHOOLS-COLLEGES- UNIVERSITIES-TRADE OR BUSINESS SCHOOLS	LOCATION	DEGREE/DIPLOMA OR HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS
(IF LICENSED, REGISTERED OR CERTIFIED)**

TYPE OF LICENSE, CERTIFICATION OR REGISTRATION	STATE ISSUED	EXPIRATION DATE	NUMBER

WORK HISTORY (LIST MOST RECENT FIRST)

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, sexual orientation, disability or other protected status.

EMPLOYER			PRIMARY DUTIES/RESPONSIBILITIES
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)	STARTING PAY	ENDING PAY	
JOB TITLE	SUPERVISOR NAME & TITLE		
REASON FOR LEAVING			MAY WE CHECK REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER			PRIMARY DUTIES/RESPONSIBILITIES
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)	STARTING PAY	ENDING PAY	
JOB TITLE	SUPERVISOR NAME & TITLE		
REASON FOR LEAVING			MAY WE CHECK REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER			PRIMARY DUTIES/RESPONSIBILITIES
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)	STARTING PAY	ENDING PAY	
JOB TITLE	SUPERVISOR NAME & TITLE		
REASON FOR LEAVING			MAY WE CHECK REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO

PROFESSIONAL REFERENCES

Please provide the name, address and telephone number of three professional references. **Please exclude relatives and personal friends**

NAME	TITLE & COMPANY NAME	TELEPHONE	YEARS KNOWN

In making application with CFG Health Network (CFG) I understand and acknowledge the following:

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with CFG is of an “at-will” nature, which means that the Employee may resign at any time, for any reason with or without notice and the Employer may discharge the Employee at any time, for any reason with or without notice. It is further understood that this “at-will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Any offer of employment that I may receive from CFG is contingent upon my successful completion of the company’s total pre-employment screening process, including the organization’s receiving references that it considers satisfactory and my satisfactory completion of any post-job offer pre-employment physical examination, drug screening and criminal background checks that the organization may require.

I authorize and request that all of my present and former employers and those individuals listed as professional references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, hereby releasing them from any or all liability for damages arising from furnishing the requested information

STATEMENT OF CERTIFICATION-APPLICANT SIGNATURE: By signing this application, I certify under penalty of law that the information provided anywhere on this application is true, correct and complete to the best of my knowledge and belief. I also acknowledge that should investigation at any time disclose any misrepresentation, omission or falsification, my application may be rejected, my name may be removed from further consideration, any job offer may be rescinded, I may be disqualified from further examinations and/or my employment may be terminated. I also authorize CFG to make all necessary and appropriate investigations allowable by law to verify the information provided.

I have read and understand the above and have been provided with the opportunity to ask questions which, if asked, were satisfactorily answered.

SIGNATURE

DATE