

APPLICATION FOR EMPLOYMENT



Compass Health
Network

Applicants are considered without regard of race, color, religion, sex, age, national origin, disability, pregnancy status, veteran status, gender identity/expression, sexual orientation, genetic information, or any other status protected by law.

(PLEASE PRINT)

Position(s) Applied For:	Date:
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Last Name	First Name	Middle Name	Name You Use
Address	City	State	Zip Code
Telephone Number(s)		Email Address	

Please provide **City, State, Zip Code and County** for areas you have lived within the past 7 years (*not including current address*):

Have you ever filed an application with us before?..... Yes No
 If Yes, give date & your name at the time (*if different from above*) _____

Have you ever worked for Compass, Family Counseling, Pathways, Royal Oaks or Crider Health Center? Yes No
 If Yes, give date _____

Do any of your relatives work here?..... Yes No
 If Yes, please list name and relationship _____

Did anyone refer you to apply?..... Yes No
 If Yes, please state who _____

What type of employment are you seeking? (*please check all that apply*): PRN Part-Time Full-Time

Date available for work ___ / ___ / ___ What is your desired salary range? _____

Are you a spouse, child, parent, brother, or sister by blood or marriage of any member of the Board of Directors of Compass Health, Inc.? Yes No

EMPLOYMENT EXPERIENCE

List employment experience for the **past ten (10) years** beginning with your present or last position. Include any job-related military service assignment and volunteer activities.

Employer: _____ Job Title/Position(s) Held: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone Number: _____ PRN Part-Time Full-Time Temporary
Dates Employed (Month/Year): (From) _____ (To) _____ Supervisor: _____
Duties Performed:

Reason(s) for Leaving: _____

Employer: _____ Job Title/Position(s) Held: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone Number: _____ PRN Part-Time Full-Time Temporary
Dates Employed (Month/Year): (From) _____ (To) _____ Supervisor: _____
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Duties Performed:

Reason(s) for Leaving: _____

EDUCATION

High School

Name of School: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name used while attending/when graduated: _____ Graduated? Yes No

If you received a GED/HiSet, please provide test site location and state completed:

Undergraduate College

Name of School: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Type of Degree/Course of Study: _____ Graduated? Yes No

If Yes, please provide your name used at graduation: _____

Graduate Professional College

Name of School: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Type of Degree/Course of Study: _____ Graduated? Yes No

If Yes, please provide your name used at graduation: _____

Other *(please specify)*

Name of School: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Type of Degree/Course of Study: _____ Graduated? Yes No

If Yes, please provide your name used at graduation: _____

PROFESSIONAL LICENSE

License Type: _____

License Type: _____

License #: _____

License #: _____

CRIMINAL HISTORY

Notice for all applicants: Employment offers may be rescinded if all criminal history is not disclosed; even if the charges or convictions are not disqualifying. A conviction or guilty plea is not necessarily a bar to employment and will be considered only as it relates to the job. Additionally, this question does not include, and you are not required to disclose, guilty pleas or convictions of criminal offenses when: the guilty pleas or conviction record has been sealed, expunged, erased, eradicated, annulled, or pardoned by a court and/or pursuant to applicable law.

Have you ever had a probable cause finding of abuse or neglect by the Department of Children Services? Yes No

If Yes, please explain _____

Have you been convicted of, pleaded guilty or nolo contendere to, or received a suspended imposition and/or execution of sentence (SIS or SES) for a felony or misdemeanor; or are actively on probation or parole? Yes No

If Yes, please explain _____

Have you ever been, or are you currently, on the Federal OIG exclusion list or any state's Employee Disqualification List? Yes No

If Yes, please explain _____

REFERENCES Please provide name and contact information for individuals who can attest to your suitability for the position for which you are applying. (Do not include relatives.)

1.	_____	_____
	Name	Relationship
	_____	_____
	Email	Phone #
2.	_____	_____
	Name	Relationship
	_____	_____
	Email	Phone #

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment will be considered active for a period of 6 months. Any applicant interested in employment beyond this time period must submit an updated employment application.

In the event of employment, I understand that false, misleading, incomplete, or omitted information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date