



CANCER CARE GROUP

### Application for Employment

Today's Date \_\_\_\_\_

**Personal Information**

Name \_\_\_\_\_ Best Contact # \_\_\_\_\_  
(Last) (First) (Middle) Email Address: \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever previously been employed by this Company? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you now or have you ever had a relative or friend employed by this Company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_

Have you ever been convicted of a crime or violation of law or statute other than a minor traffic violation?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\*Candidates selected for probable employment who are age 18 or older may be required to consent to a background check as a condition of employment.

**Employment Desired**

Position Desired: \_\_\_\_\_ Date Available to Work: \_\_\_\_\_  
(Please list the title of the position as posted and do not leave blank or list "any.")

Status Desired: Full-time \_\_\_ Part-time \_\_\_ PRN \_\_\_ Temp \_\_\_ Desired Hourly Rate/Base Salary: \_\_\_\_\_

Are you available to work:  
Weekday/daytime hours? Yes \_\_\_\_\_ No \_\_\_\_\_ Weekday/evening hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Saturday? Yes \_\_\_\_\_ No \_\_\_\_\_ Sunday afternoon? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Educational Information	Name and Location of School	# of years attended	Degree Received	Subjects Studied/Major
High School				
College or University				
Other (Technical/Trade School, Business School/Other)				

APPLICANT'S PRINTED NAME: \_\_\_\_\_

**Employment History:** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Attach additional sheets of paper if needed. *Incomplete information could disqualify you from further consideration.*

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Position/Title: \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Briefly Describe Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Position/Title: \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Briefly Describe Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Position/Title: \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Briefly Describe Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

APPLICANT'S PRINTED NAME: \_\_\_\_\_

**Other Skills/Memberships and Affiliations**

Do you have any special skills, volunteer experience and/or training that would enhance your ability to perform the position applied for?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

Do you hold a license or professional certification? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please specify:

\_\_\_\_\_

\_\_\_\_\_

Do you participate in any professional associations that would enhance your ability to perform the position applied for?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

**References:** Please give the names of three persons not related to you, and preferably who you have worked with/for and whom you have known at least 3 years.

<u>Name</u>	<u>Address/Phone/Email</u>	<u>Company Name</u>	<u>Years Known</u>

**Please read carefully before signing.**

Cancer Care Group is an equal opportunity employer. Cancer Care Group does not discriminate in employment on account of race, color, religion, national origin, citizenship status, age, gender, sexual orientation, military service veteran status or any other protected class as defined by state and federal law. Cancer Care Group will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

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

I attest with my signature below that I have given to Cancer Care Group true and complete information on this application. No requested information has been concealed. I authorize Cancer Care Group 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 denial of employment or immediate dismissal.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Note:** Applications for employment will be kept on file for one year from the date of completion.