



CAN Community Health, Inc. is an Equal Opportunity Employer and does not discriminate in recruiting, hiring, promoting, or other employment practices on the basis of race, religion, color, sex, age, national origin, marital status, veteran status, or other categories protected by federal, state, or local law.

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

Name (Last, First, MI): \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Salary Expected: \_\_\_\_\_

# of hours per week you will accept      30-over      20-30      under 20      Date Available: \_\_\_\_\_

Days/Hours Not Available \_\_\_\_\_

*When answering the following question, you do not need to disclose any matters that have been sealed or expunged. Additionally, please note that a criminal record will not be an automatic bar to employment and will be considered only as it relates to the position for which you would like to be considered.*

Have you ever pled guilty to, pled no contest to or been convicted of a felony?      Yes      No  
 If yes, please state offense date, court, and disposition

Are you legally eligible for employment in the U.S.?      Yes      No  
 If you are hired, proof of employment eligibility must be presented within three days of your employment.

Are you over 18 years of age?      Yes      No      Who referred you to us? \_\_\_\_\_

Friends or relatives employed by us: \_\_\_\_\_

Have you previously worked for us?      Yes      No      If yes, please give dates: \_\_\_\_\_

<i>EDUCATION AND TRAINING LEVELS ARE RELEVANT FOR EMPLOYMENT ONLY TO THE EXTENT ALLOWED BY LAW</i>				
School Name	No. of Years	City/State	Did You Graduate?	Major Course/Degree
High School				
College				
College				
Graduate				
Other				

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**EMPLOYMENT HISTORY**

We require that this section be completed in detail, including responses to ALL information requested.

<b>BEGIN WITH CURRENT OR MOST RECENT EMPLOYER</b>			
	SALARY		DATES
Company	Start	Finish	From To
Address			
Position	Supervisor		Phone
Duties	Reason for Leaving		

	SALARY		DATES
Company	Start	Finish	From To
Address			
Position	Supervisor		Phone
Duties	Reason for Leaving		

	SALARY		DATES
Company	Start	Finish	From To
Address			
Position	Supervisor		Phone
Duties	Reason for Leaving		

	SALARY		DATES
Company	Start	Finish	From To
Address			
Position	Supervisor		Phone
Duties	Reason for Leaving		

**Certification.** I certify that all statements made by me on this application are true and complete. I understand that any falsification, omission, or misstatement of fact made on this application, or any supplement to this application, or to any representative of CAN Community Health, Inc., during the hiring process may be grounds for rejection of my application or, if hired, for termination of my employment, no matter when discovered.

**Employment At-Will.** I understand that if I am employed by CAN Community Health, Inc., my employment is for no definite period and may be terminated by CAN Community Health, Inc. or me at any time and for any reason, with or without prior notice, and is subject to changes of the terms and conditions of my employment, including wages, benefits, and policies. I understand that no supervisor, representative, or officer of CAN Community Health, Inc., other than the President and CEO, has any authority to enter into any agreement for employment for any definite period of time, or to make any agreement contrary to the foregoing, and that any such agreement entered into with the President and CEO must be in writing.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_