

COMCARE, PA
Human Resources Department
 617 E. Elm Street
 Post Office Box 2120
 Salina, Kansas 67401
 Phone: 785-825-8221
 Fax: 785-452-3294

Application For Employment

www.comcarepa.com



We consider applicants for all jobs without regard to race, color, religion, sex, national origin, age, disability, or other legally protected status. Applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department. Applicants for certain specified positions must meet minimum response time requirements. Additional information is available from the Human Resources Department. COMCARE conducts pre-employment drug testing.

Job Applied For			Date of Application		
Last Name	First Name	Middle Initial	Social Security Number		
List any other names by which you are known or have been employed.					
Mailing Address	Number	Street	City	State	Zip Code
Telephone Numbers	(Home)	(Cell)	(Work)	Email Address	

You must fully complete this application. In addition, you may include a resume or other related personal qualification information relevant to the job.

Have you ever been employed with us before? Yes No

If yes, give date _____ What department? _____

Are you age 18 or over? If no, provide date of birth _____ Yes No

May we contact your present employer? Yes No

Are you legally eligible to work in the United States? Yes No
Proof of citizenship or immigration status will be required upon hire.

On what date would you be available for work? _____

List any relatives presently employed by COMCARE, and state how you are related. _____

Are you currently employed? Yes No

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

Are you available to work: Full-time Part-Time Temporary

Have you been convicted of a felony in civilian or military courts within the last 7 years? Yes No
A conviction will not necessarily be a bar to employment. Factors such as date, nature and number of offenses, age at the time of offense and rehabilitation will be considered.

If yes, please explain and fill out additional form.

Employment Experience

Start with your present or last job including any military service assignments. Fully complete the information below. Give dates and reasons, excluding disabilities, for time not accounted for in your employment history as listed. If you need additional space, please continue on a separate sheet of paper.

Employer		Dates Employed		Your Job Title and Main Duties	
Address					
City	State	Zip Code	Hourly Rate/Salary		
			Starting	Final	
Telephone Number	Your Supervisor				
Reason for Leaving					
Employer		Dates Employed		Your Job Title and Main Duties	
Address					
City	State	Zip Code	Hourly Rate/Salary		
			Starting	Final	
Telephone Number	Your Supervisor				
Reason for Leaving					
Employer		Dates Employed		Your Job Title and Main Duties	
Address					
City	State	Zip Code	Hourly Rate/Salary		
			Starting	Final	
Telephone Number	Your Supervisor				
Reason for Leaving					
Employer		Dates Employed		Your Job Title and Main Duties	
Address					
City	State	Zip Code	Hourly Rate/Salary		
			Starting	Final	
Telephone Number	Your Supervisor				
Reason for Leaving					

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment, military, or other experience.

List any language(s) other than English in which you are fluent.

Education

	High School or GED				Undergraduate College / University				Graduate Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship skills, and extra curricular activities												
Describe any honors you have received												

List any professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or political affiliation or other protected status.

References

List three references who are neither related to you nor a former employer.

Name	Address (City, State, Zip)	Daytime Telephone Number	Years Known

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. 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.

In the event of employment, I understand that false or misleading 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.

<hr/> Signature of Applicant	<hr/> Date
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Applicant Background Questionnaire

If you stated on your COMCARE Application for Employment that you have been convicted of a felony within the last seven (7) years, please complete this form. A felony will not necessarily be a ban to employment. In order for your application to be considered further, the following information is needed for each felony you have been convicted of within the last seven (7) years.

Date of Conviction	
Your Age at Conviction	
Felony Description (Please go into some detail)	
Where Convicted (Court Location)	
Length of Your Sentence Served	
Are you currently on probation or parole?	
If yes, please provide name and phone number of your probation or parole officer.	

Applicant's Signature

Date