



[www.championsoncology.com](http://www.championsoncology.com)

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**APPLICATION FOR EMPLOYMENT**

POSITION DESIRED:		TODAY'S DATE:	
POSITION: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> PART-TIME, NUMBER OF HOURS PER WEEK?			
HAVE YOU APPLIED WITH THIS COMPANY BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES, DATES?			
REFERRED BY:		SALARY RANGE DESIRED:	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE AVAILABLE:			
FULL NAME		FIRST, MIDDLE, LAST	
PRESENT ADDRESS		STREET-CITY-STATE-ZIP	
SS#		PHONE NUMBER:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHEN, WHERE, AND WHAT WAS THE DISPOSITION OF THE CASE?			
NOTE: Answering "yes" to this question does not constitute an automatic bar for employment. Factors such as the date of the offense, seriousness and nature of the violation, and the amount of time that has elapsed since the conviction and the nature of the job as it relates to the nature of the offense committed are taken into consideration.			
CAN YOU PERFORM THE DUTIES OF THE JOB YOU ARE APPLYING FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF A DRIVER'S LICENSE IS REQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		PROVIDE LICENSE #, STATE AND EXPIRATION DATE:	
<b>WORK HISTORY (Must be completed) List last three employer starting with most recent</b>			
EMPLOYER/COMPANY:		PHONE NUMBER:	
CITY, STATE, ZIP		REASON FOR LEAVING:	
SUPERVISOR-NAME & TITLE:		ENDING SALARY: \$	
DATES OF EMPLOYMENT: FROM (MONTH/YEAR)		TO: (MONTH/YEAR)	
POSITION/TITLE – DESCRIBE DUTIES			
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>WORK HISTORY (Must be completed)</b>	
EMPLOYER/COMPANY:	PHONE NUMBER:
CITY, STATE, ZIP	REASON FOR LEAVING:
SUPERVISOR-NAME & TITLE:	ENDING SALARY: \$
DATES OF EMPLOYMENT: FROM (MONTH/YEAR) TO: (MONTH/YEAR)	
POSITION/TITLE – DESCRIBE DUTIES	
<b>WORK HISTORY (Must be completed)</b>	
EMPLOYER/COMPANY:	PHONE NUMBER:
CITY, STATE, ZIP	REASON FOR LEAVING:
SUPERVISOR-NAME & TITLE:	ENDING SALARY: \$
DATES OF EMPLOYMENT: FROM (MONTH/YEAR) TO: (MONTH/YEAR)	
POSITION/TITLE – DESCRIBE DUTIES	

EXPLAIN IN DETAIL ANY GAPS IN YOUR EMPLOYMENT HISTORY:
HAVE YOU EVER BEEN INVOLUNTARILY TERMINATED OR ASKED TO RESIGN FROM A POSITION? <input type="checkbox"/> NO <input type="checkbox"/> YES, PROVIDE DETAIL
HAVE YOU EVER USED ANOTHER NAME? <input type="checkbox"/> NO <input type="checkbox"/> YES, PLEASE PROVIDE:
IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>SKILLS, RELEVANT EXPERIENCE, QUALIFICATIONS</b>
LIST ANY INFORMATION THAT YOU FEEL IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

EMPLOYMENT REFERENCES – MUST BE COMPLETED			
NAME:	POSITION/TITLE:	CITY, STATE:	PHONE NUMBER:
NAME:	POSITION/TITLE:	CITY, STATE:	PHONE NUMBER:
NAME:	POSITION/TITLE:	CITY, STATE:	PHONE NUMBER:

EDUCATION				
TYPE	NAME/LOCATION	MAJOR/MINOR	# OF YEARS	DIPLOMA/DEGREE
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				

NOTIFICATION & AGREEMENT (Please initial where indicated)
<p><b>BACKGROUND INVESTIGATION:</b> I understand that the Company may investigate my criminal record. I understand that I have the right to make a written inquiry within a reasonable period of time to receive information about the nature and scope of this investigation. <b>Initials</b> _____</p>
<p><b>ACCURACY:</b> I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or other information provided) will be cause for denial of employment of immediate termination of employment, regardless of when or how discovered by the Company. <b>Initials</b> _____</p>
<p><b>AUTHORIZATION:</b> I Authorize the company to obtain information about me from my previous employers, schools, and business references. I authorize my previous employers, business references, and any schools that I have attended to disclose to the company such information about me as the company may request. <b>Initials</b> _____</p>
<p><b>EMPLOYMENT RELATIONSHIP:</b> Employment with Company is voluntarily entered into, and the employee is free to resign at will at any time, with or without cause. Similarly, Company may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law. <b>Initials</b> _____</p>
<p><b>PROOF OF IDENTITY &amp; LEGAL WORK AUTHORIZATION:</b> I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired or rehired. Failure to submit such proof within the required time shall result in immediate termination of employment. <b>Initials</b> _____</p>

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date