

AIM IMMEDIATE CARE

APPLICATION FOR EMPLOYMENT

PERSONAL

LAST NAME		FIRST NAME			MIDDLE NAME
PRESENT ADDRESS	CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER	
ANY OTHER NAME USED		HOME PHONE		WORK PHONE	
ARE YOU 18 YEARS OF AGE OR OLDER?					YES NO
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?					YES NO
HAVE YOU EVER FILED AN APPLICATION WITH AIM IMMEDIATE CARE BEFORE?					YES NO
IF YES, GIVE DATE (S) AND BRANCH LOCATION (S) _____					
ARE ANY OF YOUR RELATIVES EMPLOYED BY AIM IMMEDIATE CARE?					YES NO
IF YES, GIVE NAME(S) AND RELATIONSHIP _____					
HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR, OTHER THAN MINOR TRAFFIC VIOLATIONS?					YES NO
COMPLETE ONLY IF DRIVING IS A JOB REQUIREMENT: DO YOU HAVE A VALID DRIVERS LICENSE?					YES NO
LICENSE NUMBER: _____ STATE: _____					

EMPLOYMENT INFORMATION

POSITION APPLIED FOR		DATE AVAILABLE	SALARY REQUIREMENT
HOW DID YOU LEARN ABOUT AIM IMMEDIATE CARE?			TYPE OF WORK : FULL-TIME PART-TIME
HAVE YOU PREVIOUSLY WORKED FOR AIM IMMEDIATE CARE?		YES NO	
IF YES, PLEASE GIVE DETAILS _____			
ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, PROVIDED REASONABLE ACCOMMODATIONS CAN BE MADE?		YES NO	

EDUCATION AND SKILLS

	SCHOOL NAME AND LOCATION	COURSE OF STUDY	LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH SCHOOL							YES NO	
							YES NO	
COLLEGE							YES NO	
							YES NO	
GRAD/TECH SCHOOL							YES NO	
							YES NO	

PROFESSIONAL LICENSES, CERTIFICATIONS OR MEMBERSHIPS:
OTHER COURSES OR TRAINING:

Name: _____

Date: _____

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record including any military service. Start with present or most recent employer. Include at least three (3) years history. Insert resume, if available, after completing this section.

COMPANY NAME	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY	ENDING SALARY
ADDRESS	LAST POSITION HELD		SUPERVISOR	
CITY, STATE, ZIP	DESCRIBE WORK AND RESPONSIBILITIES			
PHONE NUMBER				
TYPE OF BUSINESS	REASON FOR LEAVING		MAY WE CONTACT? YES NO	

COMPANY NAME	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY	ENDING SALARY
ADDRESS	LAST POSITION HELD		SUPERVISOR	
CITY, STATE, ZIP	DESCRIBE WORK AND RESPONSIBILITIES			
PHONE NUMBER				
TYPE OF BUSINESS	REASON FOR LEAVING		MAY WE CONTACT? YES NO	

COMPANY NAME	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY	ENDING SALARY
ADDRESS	LAST POSITION HELD		SUPERVISOR	
CITY, STATE, ZIP	DESCRIBE WORK AND RESPONSIBILITIES			
PHONE NUMBER				
TYPE OF BUSINESS	REASON FOR LEAVING		MAY WE CONTACT? YES NO	

COMPANY NAME	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY	ENDING SALARY
ADDRESS	LAST POSITION HELD		SUPERVISOR	
CITY, STATE, ZIP	DESCRIBE WORK AND RESPONSIBILITIES			
PHONE NUMBER				
TYPE OF BUSINESS	REASON FOR LEAVING		MAY WE CONTACT? YES NO	

PERSONAL REFERENCES

List three (3) personal (non-related) references that we may contact.

NAME	ADDRESS	RELATIONSHIP	YRS. KNOWN	PHONE NUMBER
1.				
2.				
3.				

I hereby authorize the person(s) named, or listed, on my application and /or resume (or any other persons who can verify such information) to discuss and verify the information that I have provided to AIM IMMEDIATE CARE. I give my consent for all contacted persons, including my former employer(s), to provide information (including transcripts, grades and similar information) concerning my resume and /or application for employment. I hereby release such person(s) from liability for discussing or providing this information to AIM IMMEDIATE CARE, its employees, agents or representatives.

I hereby certify that all statements in this application are true and correct to the best of my knowledge and understand that falsification of any information shall be grounds for termination of employment. I also give AIM IMMEDIATE CARE permission to verify education credentials/degrees and to contact references/previous employers to obtain work performance information. I understand that all offers of employment are conditional, subject to the receipt of satisfactory references and/or medical examination which may include drug testing. I further understand my employment will be employment-at-will. My employment and compensation can be terminated with or without cause or notice at anytime by AIM IMMEDIATE CARE or me.

SIGNATURE

DATE

AIM IMMEDIATE CARE IS AN EQUAL OPPORTUNITY EMPLOYER