Employee No.		_
Start Date		
Assignment		_
Uniform Pants	Shirts	



EMPLOYMENT APPLICATION

Please answer all questions, and print clearly. Resumes are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, age, disability,
or any other consideration made unlawful by applicable federal, state, or local laws.

Position Appli	ied For			_ Desired Wage _	
Name					
Present Addre	ess (Street, Apt. or Unit N	lo.)			
City / State /	Zip			Phone No	
If you are und	der 18 and it is required,	can you provide a v	ork permit?	\square Yes \square No	
Type of emplo	oyment desired? \Box Full-	time \Box Part-time a	(Specify Ho	urs)	
Are you willin	ng to work overtime? \Box	Yes \square No Date on	which you c	an start	
Have you eve	r applied to this Compan	y before? \square Yes \square	No		
Have you eve	r worked for this Compar	ny before? 🗌 Yes [No Date_	Posi	ition
Reason for lea	aving?				
Driver's licens	se number if driving is a	job function: State_		Number	
victions that we		or expunged; or convicti	ons that resulte	d in referral to a div	Plony or DUI? (Do not include conversion program.) \square Yes \square Nodual circumstances can
	d. (Conviction will not necessa oplying.)		ent. Each insta	nce will be considere	ed in relation to the position for
Have you eve	r initiated an act of viole	ence in the workplac	ce? 🗌 Yes 🗆	No	
	explain so that individua				rill not necessarily disqualify
•	echnical skills that you fe		-		ying (i.e., computer
EDUCATION	School Name/Location	Course of Study	Graduate?	Years Completed	Degree/Major
High School		_			
College		_			
Trade/Post					

WORK EXPERIENCE

Start with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Employer Name		Address				
Type of Business		Dates Employed From	// to/	_/		
Job Title	Duties					
Supervisor's Name		Phone	May we contact?	☐ Yes ☐ No		
Wages Start	_ Final Wages	Reason for Leaving				
Employer Name		Address				
Type of Business		Dates Employed From// to//				
Job Title	Duties					
Supervisor's Name		Phone	May we contact?	☐ Yes ☐ No		
Wages Start	_ Final Wages	Reason for Leaving				
Employer Name		Address				
Type of Business		Dates Employed From	// to/	_/		
Job Title	Duties					
Supervisor's Name		Phone	May we contact?	☐ Yes ☐ No		
Wages Start	_ Final Wages	Reason for Leaving				
Please account for all perio were a full time student.	ds of employment of th	ree months or more in the above em	ployment history, excluding pe	riods of time when you		
REFERENCES						
Please list the names of add volunteer related reference		ferences we may call. Individuals wi	th no prior work experience m	ay list school or		
Name	Position	Company	Work Relationship (ie; supervisor, co-worker)	Telephone No.		

CARESCAPE EMPLOYMENT APPLICATION "NOTES AND TERMS:"

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY THE COMPANY, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS THE COMPANY IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND ME. I AGREE TO CONFORM TO THE POLICIES, PRACTICES, AND PROCEDURES OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH POLICIES, PRACTICES, AND PROCEDURES AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT ATWILL.

CONTINUED "NOTES AND TERMS"

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or bloodscreening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law. If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, no-solicitation, non-compete, and/or conflict of interest statement. I have not signed any employment agreement or other agreement which limits the type of job I might accept in the future, or which limits for whom I might work in the future, with any employer by whom I have been employed at any time during the past two (2) years. If a job offer is extended, my initial and continued employment will be conditioned upon execution of agreements, if appropriate, with regard to invention, patent, confidentiality and non-competition.

I certify that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand this Company employs only individuals who are legally eligible to work in the United States.

BY SIGNING THIS APPLICATION, I CONFIRM ALL OF THE INFORMATION PROVIDED IS TRUE, AND THAT I HAVE READ, AND AGREE TO THE "NOTES AND TERMS."

Signature of Applicant	Date			
Applicant Name (print)				
If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for controlled substances, conduct inspections of property without notice, and communicate screen results to Company personnel who need to know, the applicant, and the applicant's legal guardian.				
Parent/Legal GuardianD	Pate			
Witness	Pate			

Return completed application to: CareScape, Inc. 13370 West Foxfire Drive, Suite 101 Surprise, Arizona 85378

Or email to: employment@carescape.com