

CareLink, INC.



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Date: _____

Name: _____ Social Security # _____
Last First Middle

Present Address: _____
City State Zip

Home Telephone #: () _____ Work or Alt. #: () _____

Previous Address: _____
City State Zip

Position(s) Applied for: 1) _____
2) _____

Hourly Rate Requirement: _____ Hours/week desired: _____

Have you worked for us before? _____ If yes, when? _____

If hired, on what date will you be available for work? _____

If a professional license is required for this position, do you have: ___ IL ___ MO ___ IA

If driving is required of this position:

Do you have a reliable means of transportation? _____

Do you have a current valid IL driver's license? _____

Driver's license #: _____

Are you currently covered by auto liability insurance? _____

Insurance carrier: _____

Any objections to travel, if required by job? _____

If you have alien status and are hired, can you provide written evidence of your right to work in the U.S.? _____

Please list any reason known to you why you might be unable to perform consistently and promptly any of the job duties: _____

continued

Form Number: PF12

Revised Date: 10/01/07

Employment Application (continued)

Any objections to occasional overtime and weekend work? _____

Have you ever been disciplined or fired? _____ Why? _____

Have you ever been convicted of a crime, excluding minor traffic offenses? _____ If yes, please provide details: _____

Is there any reason why you may not be able to accept employment, if offered, with this company? _____ If yes, please explain: _____

Has your professional license, if required for this position, ever been revoked? _____ If yes, please explain: _____

EDUCATIONAL BACKGROUND				
Type of school	Name and City	Years Attended	Graduated	Course or Major
Grammar or Grade	_____	_____	___ Yes ___ No	_____
	_____	_____	___ Yes ___ No	_____
High School	_____	_____	___ Yes ___ No	_____
	_____	_____	___ Yes ___ No	_____
Junior College	_____	_____	___ Yes ___ No	_____
	_____	_____	___ Yes ___ No	_____
College	_____	_____	___ Yes ___ No	_____
	_____	_____	___ Yes ___ No	_____
Post Graduate	_____	_____	___ Yes ___ No	_____
	_____	_____	___ Yes ___ No	_____
Business or Trade	_____	_____	___ Yes ___ No	_____
	_____	_____	___ Yes ___ No	_____
Other	_____	_____	___ Yes ___ No	_____
	_____	_____	___ Yes ___ No	_____

MILITARY SERVICE RECORD

Have you ever served in the armed forces? _____ yes _____ no

If yes, what branch? _____

Date of duty: From _____

Month Day Year

To _____

Month Day Year

Rank at discharge: _____

What were your duties in the service (include special training and Duty station)? _____

Continued

Employment Application (continued)

Work History (List in order, last or present employer first)

From _____ To _____ Position Title _____
Month/Year Month/Year

Name of Employer _____

Address _____ Phone () _____

Summary of job duties _____

Likes about job _____

Dislikes about job _____

Starting salary \$ _____ Ending salary \$ _____

Immediate supervisor's name _____ Title _____

Reason for wanting a job change _____

From _____ To _____ Position Title _____
Month/Year Month/Year

Name of Employer _____

Address _____ Phone () _____

Summary of job duties _____

Likes about job _____

Dislikes about job _____

Starting salary \$ _____ Ending salary \$ _____

Immediate supervisor's name _____ Title _____

Reason for wanting a job change _____

From _____ To _____ Position Title _____
Month/Year Month/Year

Name of Employer _____

Address _____ Phone () _____

Summary of job duties _____

Likes about job _____

Dislikes about job _____

Starting salary \$ _____ Ending salary \$ _____

Immediate supervisor's name _____ Title _____

Reason for wanting a job change _____

Continued

Employment Application (continued)

From _____ To _____ Position Title _____
Month/Year Month/Year

Name of Employer _____

Address _____ Phone () _____

Summary of job duties _____

Likes about job _____

Dislikes about job _____

Starting salary \$ _____ Ending salary \$ _____

Immediate supervisor's name _____ Title _____

Reason for wanting a job change _____

May we contact the employers listed above? _____ If not, please indicate which one(s)
you do not wish us to contact. _____

Are there any other experiences, skills, or qualifications which you feel are relevant to this job
that have not already been mentioned? _____

I hereby certify that the answers given by me to all the questions contained on this application form are true and correct. If employed by the CareLink, I will comply with all rules and regulations of CareLink. I agree to submit to a physical examination (if required) and authorize anyone to give CareLink any credit information concerning me. I also authorize my former employers to give any information they have regarding me, whether or not it is on their records. I hereby release them and the company from all liability for any damage whatsoever for issuing same. I understand any offer of employment is conditional upon receipt of adequate references, completion of a criminal history records check (if applicable to the position for which I am applying), and a drug screen, all of which is authorized by my signature below.

I also understand that any employment that might be offered to the applicant is "at will" and of indefinite duration, that either the applicant or the organization may terminate that employment at any time, with or without notice and for any reason, and that no agreement to the contrary will be recognized by the organization unless such agreement is in writing and is signed by both parties.

Date

Signature