



## EMPLOYMENT APPLICATION

**Employer:** Care Net  
**Address:** 44180 Riverside Parkway, Suite 200, Lansdowne, VA 20176  
**Telephone:** 703.554.8734  
**Fax:** 703.554.8735

## GENERAL INFORMATION

Applicant Name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Number of years at this address \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Email \_\_\_\_\_

## EMERGENCY CONTACT

Contact Name \_\_\_\_\_  
Relationship to you \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

## JOB POSITION

Applying for \_\_\_\_\_  
Salary desired \$ \_\_\_\_\_ per \_\_\_\_\_  
Who referred you to Care Net \_\_\_\_\_  
Have you applied to Care Net previously?  Yes  No If yes, when? \_\_\_\_\_  
Are you at least 18 years old?  Yes  No  
Are you willing to work any shift, including nights and weekends?  Yes  No  
If no, please state any limitation: \_\_\_\_\_  
If you were offered employment, when would you be available to begin work?  
Are you legally eligible for employment in the United States?  Yes  No  
Are you able to perform the essential functions of the job position with reasonable accommodations?  Yes  No

What additional accommodations, if any, would you require:

## APPLICANT EMPLOYMENT HISTORY

List your current or most recent employment first. *(Please complete even if you provide a resumé. Please attach resumé to this application.)*

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Employed from (MM/YY) \_\_\_\_\_ to \_\_\_\_\_ May we contact this employer?  Yes  No

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Employed from (MM/YY) \_\_\_\_\_ to \_\_\_\_\_ May we contact this employer?  Yes  No

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Employed from (MM/YY) \_\_\_\_\_ to \_\_\_\_\_ May we contact this employer?  Yes  No

## APPLICANT EDUCATION & TRAINING

High School Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Last grade  9th  10th  11th  12th      Diploma?  Yes  No

College Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Did you receive a degree?  Yes  No If yes, degree received \_\_\_\_\_

College Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Did you receive a degree?  Yes  No If yes, degree received \_\_\_\_\_

COMPUTER/SOFTWARE TECHNOLOGY SKILLS & PROFICIENCY:

\_\_\_\_\_

OTHER TRAINING OR PROFESSIONAL DESIGNATIONS:

\_\_\_\_\_

AWARDS, HONORS, SPECIAL ACHIEVEMENTS:

\_\_\_\_\_

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## REFERENCES

List any four people who would be willing to provide a reference for you. References will not be contacted unless you are a final candidate. *(No more than one reference can be personal, but no relatives, and at least one must be a former supervisor.)*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

PLEASE PROVIDE ANY OTHER INFORMATION THAT YOU BELIEVE SHOULD BE CONSIDERED:

\_\_\_\_\_

## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Care Net to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its officers, the employment relationship will be entirely voluntary in nature. All Care Net personnel, unless employed by a specific employment contract, are at-will employees whose employment is subject to termination for any lawful reason, with or without cause, at any time at their own initiative or at the initiative of Care Net. Moreover, no agent, representative, or employee of Care Net, except in a specific written contract of employment signed on behalf of the organization by its officers, has the power to alter or vary the voluntary and at-will nature of the employment relationship.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**    Yes    No

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date