# CRS Medical Benefits

###  **Employment Application 2021**

 8630 Government Drive, Suite 103

 New Port Richey, FL 34654

 727-841-0202

 Attention: Human Resources

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| --- |
| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Date Available |  | Social Security No. |  | Desired Salary |  |
| Position Applied for |  |
| Are you a citizen of the United States? | YES [ ]  | NO [ ]  | If no, are you authorized to work in the U.S.? | YES [ ]  | NO [ ]  |
| Have you ever worked for this company? | YES [ ]  | NO [ ]  | If so, when? |  |
| Have you ever been convicted of a felony? | YES [ ]  | NO [ ]  | If yes, explain |  |
|  |
| Education |
| High School |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| College |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Other |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
|  |
| References |
| Please list three professional references. |
| Full Name |  | Relationship |  |
| Company |  | Phone | ( ) |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone | ( ) |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone | ( ) |
| Address |  |

|  |
| --- |
| Previous Employment: PLEase provide entire address, including zip code. |
| Company |  | Phone | ( ) |
| AddressCity, state, zip |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone | ( ) |
| AddressCity, state, zip |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone | ( ) |
| AddressCity, state, zip |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
|  |
| Military Service |
| Branch |  | From |  | To |  |
| Rank at Discharge |  | Type of Discharge |  |
| If other than honorable, explain |  |
|  |
| Disclaimer and Signature |
| **Read the following carefully before signing.** 1. I certify that the information I have furnished in this application is true and complete to the best of my knowledge, with the understanding that it is subject to verification before and during employment. I grant permission to the Hospital to contact any former employers or any others persons about me and my permission is not limited to those listed on this application. I understand and agree that misrepresentation, falsification or omission of information will be considered sufficient cause for rejection or dismissal, if employed.
2. I understand that regardless of the shift and job I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of CRS.
3. I understand that I must meet the health standards established by the State Board of Health for health care workers and must be able to perform essential duties of the position with or without reasonable accommodations as a condition of employment.
4. I understand that if I am employed by CRS, CRS retains its rights to be an at-will employer and the employment relationship is for an indefinite period and may be terminated by either party, at any time, with or without cause. I understand that no representative of CRS, other than the President or Director of Business Operations, has any authority to enter into any agreement for employment for my specified period of time.
5. I understand and accept that as part of the application and employment process and/or during employment with CRS, I may be asked to submit to physical examinations that may include testing for alcohol and drugs, and/or fingerprinting, all in accordance with applicable law. By signing this application, I hereby agree to submit to such examinations and release all persons and companies from any liability arising out of such examinations, tests and fingerprinting. I further agree that the examining person may disclose to CRS or its representatives the results of same.
6. I hereby authorize all of my prior employers, credit bureaus, the officials of all schools which I have attended or been associated with, any person named above of this application, all public officials, and any other person or entity to give any information regarding my employment, personal habits, ability, criminal records, or any other relevant information they may have regarding me whether or not it is contained in their records. I hereby release said employers, schools, public officials and other persons and entities from any and all liability for any damage whatsoever which might result from their revealing or furnishing this information.
7. I understand that an investigation may be made whereby information is obtained through personal interviews with neighbors, friends, and others with whom I am acquainted, as well as from credit bureaus. This may include information as to character, general reputation, personal characteristics, credit history or mode of living. I know that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information concerning the nature and scope of this investigation.
8. **REFERENCE CHECK CONSENT FORM****I,** **X**

**HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS TO PROVIDE INFORMATION WITH REGARD TO MY EMPLOYMENT WITH PRIOR EMPLOYERS TO CRS MEDICAL BENEFITS. THIS CONSENT WILL BE VALID FOR THE LENGTH OF TIME THAT THE APPLICATION IS ACTIVE AND IN NO EVENT LONGER THAN SIX MONTHS. I AUTHORIZE MY PAST EMPLOYERS AND OTHER PERSONS TO SUPPLY ANY INFORMATION THEY HAVE CONCERNING ME OR MY WORK PERFORMANCE AND RELEASE THEM FROM ALL LIABILITY IN CONNECTION THEREWITH.**  |
| Signature |  | Date |  |