



Employment Application

Job Title/Personal Information

Date _____

Name _____
Last First Middle

Mailing Address _____

Telephone _____ Social Security _____

Position(s) applying for _____

Employment desired Full Time Part Time PRN Temp

Do you meet the legal requirements for employment in the United States? Yes/ No

Have you been previously employed with APCA? Yes No

Do you have a family member who works for APCA? Yes No

Advanced Pain Centers of Alaska is an Equal Opportunity employer, and is committed to a drug free work environment.

Education

	Name and Address of School	Number of years Attended	Did you Graduate or Receive a diploma?	Course of Study
High School/GED				
College, University, Professional School				
Business, Technical, Trade School				
Internships (if any)				
Current Professional Licenses, Registrations or certificates				

Legal

Have you been convicted of a misdemeanor in the last 5 years? Yes No
 If yes, please explain: _____

Have you ever been convicted of a felony? Yes No
 If yes, please explain: _____

Record of Employment

Please list your last 5 years of work experience beginning with the most recent.		Be complete. Applicants are only considered eligible if it is determined by their application that they meet minimum requirements.
Do not mark "see resume".		Attach additional sheets if necessary.
Name, address, phone number of employer		
Job title		
Reason for leaving		
List of duties performed, skills used or learned advancements or promotions while you worked at this employer.		
May we contact this employer?		
Name of supervisor	Employment dates From To	Pay or Salary Start Final

Name, address, phone number of employer		
Job title		
Reason for leaving		
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References

Please list a minimum of three references that have knowledge of your work experience (exclude relatives)

Name	Company	Address	Telephone

Please read carefully, initial each paragraph and sign & date bottom.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true, accurate and complete to the best of my knowledge. I further certify that I have personally completed this application. I understand that any misstatement, omission, falsification or misrepresentation of fact on this application or any other accompanying or required documents will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

_____ If hired, I agree to abide by all Advanced Pain Centers of Alaska policies and procedures and understand that, if employed, my employment may be terminated with or without cause, and without notice, any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the company, at any time, can constitute a contract of employment.

Signature

Date

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