

COMMONWEALTH CLINICAL GROUP, INC.
APPLICATION FOR EMPLOYMENT

NAME: _____ DATE: _____

PRESENT ADDRESS: _____
STREET CITY STATE ZIP CODE

PHONE NO: _____

EMAIL ADDRESS: _____

PROGRAM INTEREST(S): MH Outpatient IBHS Billing Dept Support Staff Medical Dept.

POSITION DESIRED: _____ SALARY DESIRED: _____

Date Available to Start: _____ Full-time or Part-time

How Did You Learn About Us? Advertisement Job Fair (Specify): _____ CCG Website

Relative/Friend CCG Employee _____ Walk-In Other: _____

Are there limitations to your schedule? YES NO

If yes, please state day/time unavailable for work: _____

Have you ever filed an application with us before? YES NO If yes, give date: _____

Have you ever been employed with us before? YES NO If yes, give date: _____

Some positions require a valid PA driver's license. Do you have a valid PA driver's license? YES NO

Do you have a dependable vehicle available for work if a vehicle is required? YES NO

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETE D	DIPLOMA/ DEGREE	COURSE OF STUDY
HIGH SCHOOL				
UNDERGRADUATE STUDY				
GRADUATE				
TRADE, BUSINESS, MILITARY, OTHER				

List any professional license(s): _____ License number(s): _____

If you have a professional license, has your professional license ever been revoked? YES NO

If yes, please explain: _____

List any relevant certifications or special skills (Ex- CPR, Sign Language, etc.): _____

List any foreign languages you can speak, read and/or write: _____

PROFESSIONAL REFERENCES: Give the names of 3 persons not related to you. References should include previous supervisors who have direct knowledge of your professional competence and your personal qualifications. If any person(s) listed should not be contacted for reference at this time, indicate in the left-hand margin the date contact(s) may be made.

NAME	EMAIL ADDRESS	PHONE NO.	BUSINESS	RELATIONSHIP

EMPLOYMENT EXPERIENCE: Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. (PLEASE PRINT) List every position held within the last ten years.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? YES NO

EMPLOYER NAME/ADDRESS	STARTING DATE ENDING DATE STARTING SALARY ENDING SALARY	JOB TITLE: JOB DUTIES:
PHONE NO: SUPERVISOR NAME:	REASON FOR LEAVING:	
EMPLOYER NAME/ADDRESS	STARTING DATE ENDING DATE STARTING SALARY ENDING SALARY	JOB TITLE: JOB DUTIES:
PHONE NO: SUPERVISOR NAME:	REASON FOR LEAVING:	

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PHONE NO: SUPERVISOR NAME:	REASON FOR LEAVING:	

If you need additional space, please continue on a separate sheet of paper.

GENERAL INFORMATION:

1. Have you ever been an adjudicated delinquent of any offense and/or convicted (or plead guilty) of a summary, misdemeanor, or felony offense in this state or any other state? YES NO

If yes, please explain: _____

(Information regarding convictions will not necessarily disqualify you for employment, but will be reviewed in light of duties and responsibilities of the position being sought.)

2. Have you ever received Accelerated Rehabilitative Disposition (ARD) for any offense? YES NO

3. Have you ever been terminated from any job for any reason? YES NO

4. To your knowledge, are you related to any current employee of CCG? YES NO

If yes, please state the name of the individual: _____

What is your relationship to him/her? _____

5. To your knowledge, do you, a family member, or anyone living in your household currently receive services at CCG? YES NO

6. To your knowledge, have you, a family member, or anyone living in your household previously received services at CCG? YES NO

If yes, who was the individual: _____ and when: _____

7. Are you a US citizen, US national, lawful permanent resident, lawful temporary resident, asylee, or refugee? YES NO

(The term "Lawful Temporary Resident" refers to aliens granted temporary resident status under amnesty programs, not to aliens holding short-term visas such as the H-1B, J, or F).

If "Yes", do not answer question 8. If "No", please answer question 8.

8. a) What is your current immigration status?

When does this status expire? _____

Month/Day/Year

b) Do you have an Employment Authorization Document? YES NO

If "yes", when does it expire? _____

Month/Day/Year

I hereby give CCG the right to make a thorough investigation into my previous employment, education, and references. I release from liability all persons, companies, and corporations supplying such information and indemnify and hold harmless CCG from any liability which might result from such an investigation.

I understand that any false answers, statements or representations made by me in this application shall constitute sufficient cause for dismissal. I understand that nothing contained in this application or granting of an interview is intended to create an employment contract between CCG and myself.

If an employment relationship is established, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without any previous notice.

I understand that, if accepted for employment, I must abide by the rules and policies of CCG and that I will be hired in a probationary status not to exceed 180 days.

Signature

Date

APPLICANT'S STATEMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release to Commonwealth Clinical Group, Inc., of any and all information relative to my qualification for employment, including but not limited to dates of employment, attendance records, performance ratings, rates of pay and eligibility for reemployment. I authorize its release without penalty or liability. A photocopy of this authorization shall be considered as valid as the original.

Signature of Applicant

Date

COMMONWEALTH CLINICAL GROUP, INC. IS AN EQUAL OPPORTUNITY EMPLOYER. THE PERSONNEL POLICIES ARE DESIGNED TO ASSURE EQUAL TREATMENT OF ALL INDIVIDUALS WITH REGARD TO EMPLOYMENT REGARDLESS OF RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, AGE, VETERAN'S STATUS, OR NON-JOB RELATED PHYSICAL OR MENTAL HANDICAP OR DISABILITY.

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