



EMPLOYMENT APPLICATION

1625 Straits Turnpike, Suite 211
 Phone: 203-573-9512 • Fax: 203-568-2903

Please Print

PERSONAL INFORMATION

(Please Note: Applications will be maintained for the period of 2 years. If reapplying, new application will need to be completed if original application is older than 6 months.)		DATE
LAST NAME - FIRST NAME - MIDDLE NAME		HOME PHONE
PRESENT ADDRESS (NUMBER AND STREET)		ALTERNATE PHONE
CITY STATE, AND ZIP CODE		EMAIL
IF UNDER 18 YEARS OF AGE, PLEASE PROVIDE BIRTHDATE:	HAVE YOU USED ANY OTHER LAST NAME? <input type="checkbox"/> NO <input type="checkbox"/> YES, SPECIFY:	HAVE YOU EVER BEEN EMPLOYED BY ALLIANCE MEDICAL GROUP? <input type="checkbox"/> NO <input type="checkbox"/> YES, DEPT: _____ DATES: _____
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> NO <input type="checkbox"/> YES	<i>*Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.</i>	

JOB RELATED INFORMATION

How were you referred to Alliance Medical Group?

<input type="checkbox"/> Internet job posting .specify:	<input type="checkbox"/> Temp-to-hire
<input type="checkbox"/> Personal contact / networking	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Ad in newspaper .specify:	<input type="checkbox"/> Employment agency
<input type="checkbox"/> Employee referral .specify:	<input type="checkbox"/> Other .specify:
<input type="checkbox"/> Ad in professional or trade journals	
<input type="checkbox"/> Job fair	

DO YOU HAVE ANY RELATIVES WHO ARE EMPLOYED AT ALLIANCE MEDICAL GROUP?	HAVE YOU APPLIED AT ALLIANCE MEDICAL GROUP WITHIN THE LAST YEAR?
POSITION APPLYING FOR:	DESIRED SALARY:
MARK THE APPROPRIATE BOXES WITH AN "X"	
I AM AVAILABLE FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM <input type="checkbox"/> TEMPORARY / SEASONAL	
PLEASE INDICATE THE HOURS YOU WOULD BE AVAILABLE FOR WORK <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> PER DIEM <input type="checkbox"/> OTHER	

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? (A CONVICTION IS NOT AN AUTOMATIC DISQUALIFIER FOR EMPLOYMENT)

YES NO IF YES, GIVE DATES, CHARGES AND DISPOSITION:

NOTE: Please note that you are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased under Connecticut General Statutes section 46b-146, 54-76o and 54-142a. The criminal records subject to erasure pursuant to section 46b-146, 54-76o and 54-142a are records pertaining to finding of delinquency or that a child was a member of a family with service needs, an adjunction as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to sections 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceeding so erased and may so swear under oath.

EDUCATION

TYPE OF SCHOOL	SCHOOL NAME AND COMPLETE ADDRESS	DID YOU GRADUATE?	MAJOR COURSE OF STUDY	DIPLOMA, DEGREE, CERTIFICATE, OR CREDITS EARNED
High School or GED		<input type="checkbox"/> No <input type="checkbox"/> Yes		
Business, Technical or Professional		<input type="checkbox"/> No <input type="checkbox"/> Yes _____ / _____ Mo. Yr. <input type="checkbox"/> Currently attending		
College or University		<input type="checkbox"/> No <input type="checkbox"/> Yes _____ / _____ Mo. Yr. <input type="checkbox"/> Currently attending		
Graduate School		<input type="checkbox"/> No <input type="checkbox"/> Yes _____ / _____ Mo. Yr. <input type="checkbox"/> Currently attending		
Other, Please Describe Source and Level		<input type="checkbox"/> No <input type="checkbox"/> Yes _____ / _____ Mo. Yr. <input type="checkbox"/> Currently attending		

JOB RELATED SKILLS

COMPUTER EXPERIENCE: MS Office Outlook Word Excel Access PowerPoint

Other (please explain):

Medical Terminology Insurance/Third Party Billing Accounting/Bookkeeping

What additional skills and experience would you bring to this position?

PROFESSIONAL LICENSURE

(do not include driver's license number)

License/Certification	State/License No.	Date/Year Issued	Expiration Date	Temporary	Permanent
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please provide license and/or registration title and identification number that is required for the position you wish to occupy. (NOTE: It is illegal to practice nursing and certain other professions in the State of Connecticut without a state license and annual renewal.) It is the responsibility of our licensed employees to be aware and comply with Alliance Medical Group's Licensure Policy. Failure to maintain required license(s) can be a cause for disciplinary action up to and including possible termination.

Have you been the subject of disciplinary action resulting in a revocation or suspension of any license, certification, permit or other approval necessary to perform the duties of any job you have held in the past or are applying for at this time? Yes No
 If yes, provide details.

WORK HISTORY

Please give a complete record of all employment, including periods of unemployment. Please use extra paper if necessary. You may include volunteer experience which relates to the position for which you are applying.

MAY WE CONTACT YOUR CURRENT EMPLOYER? NO YES

Current or Most Recent				
Complete Address (Street, City, State, Zip)				
Position Title				
Duties Performed				
Reason for Leaving				
From Month Year		Current Salary	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor's Name
To Month Year			<input type="checkbox"/> Temporary <input type="checkbox"/> Other	Phone # #####

Current or Most Recent				
Complete Address (Street, City, State, Zip)				
Position Title				
Duties Performed				
Reason for Leaving				
From Month Year		Current Salary	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor's Name
To Month Year			<input type="checkbox"/> Temporary <input type="checkbox"/> Other	Phone # #####

Current or Most Recent				
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To Month Year			<input type="checkbox"/> Temporary <input type="checkbox"/> Other	Phone # #####

Current or Most Recent				
Complete Address (Street, City, State, Zip)				
Position Title				
Duties Performed				
Reason for Leaving				
From Month Year		Current Salary	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor's Name
To Month Year			<input type="checkbox"/> Temporary <input type="checkbox"/> Other	Phone # #####

List Three Professional References (two former managers, 1 peer)

Name	Address	Relationship	Phone #

PLEASE READ CAREFULLY
APPLICATION AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

We truly welcome your application. We are proud that our success is the result of quality and caliber of our employees. In pursuit of our continued success, we require as a condition of employment and/or continued employment that all applications consent to and authorize a pre-employment verification of the background information submitted on their application and resumes.

This release and authorization acknowledges that Alliance Medical Group may conduct a verification of your education, previous employment, work history, military service, credit history, contact personal or business references, motor vehicle records, and receive any criminal history record information pertaining to you which may be in the files of Federal, State, or Local Criminal Justice Agencies in any State and/or other information as deemed necessary to fulfill the job requirements.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current or former employees, credit reporting agencies, military agencies to release any information that is requested, and I hereby release all of the persons and Agencies providing such information from any or all claims or damages connected with their release of any requested information. I also do hereby agree to forever release and discharge Alliance Medical Group, their agent ChoicePoint Services, Inc. and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other change or complaint filed with agency arising from the retrieving and reporting of information.

According to the Federal Fair Credit Reporting Act, I am entitled to know if employment is denied based on information obtained from ChoicePoint Services, Inc. and to receive upon written request a copy of the consumer report.

I agree that a copy of this document is as valid as the original.

APPLICANT:

Applicant Name (Printed):	SS#
	Driver's License #
	State Issued
Applicant Signature:	High School
	Year Graduated
Have you used any other last name?	College
If yes, what name did you use?	Year Graduated

DISCLOSURE STATEMENT AND AUTHORIZATION FOR DRUG SCREEN

- A. All job applicants who have been extended a conditional employment offer by Alliance Medical Group and its affiliate organizations will be required to sign a consent form. The applicant must submit to a urinalysis drug test to detect evidence of the presence of illegal drugs and perception-altering or other substances in the body during the employment screening.
 - 1. Refusal to submit to such testing will disqualify the applicant from further employment consideration.
- B. Samples obtained undergo strict **chain of custody procedures** for employee drug abuse screens.
 - 1. Positive results will be confirmed and will disqualify the applicant from further employment consideration.
- C. Results of such testing and any information obtained through such examinations will be retained by Alliance Medical Group and are Alliance Medical Group’s property. Copies of any positive test results will be provided to the applicant upon request.

I, _____ voluntarily agree to submit to a drug screen as part of my application for employment.

I understand that either refusal to submit to the screening, or failure to qualify according to the minimum standards established by Alliance Medical Group for this screen, may disqualify me from further consideration for employment.

I have read in full and understand the above statements and conditions of employment. (I also understand that I will be notified of any positive test results.)

**PRE-EMPLOYMENT AFFIDAVIT
PLEASE READ CAREFULLY AND SIGN**

I certify that the information provided on this application and accompanying resume (if any) is complete and true. I further acknowledge that falsification or omission of any information presented or requested on this application and accompanying resume (if any), or during the interview process may result in my rejection for employment or dismissal.

I hereby authorize Alliance Medical Group to request information regarding my work record and schooling from my former employers and/or schools I have attended. I release Alliance Medical Group and its affiliates from any and all liability that may arise.

I release from all liability or responsibility for any damage whatsoever any and all authorized persons, schools, companies, corporations and/or organizations who provide information they may have concerning me.

I understand that as part of the final selection process, routine inquiries may be made which will provide applicable information related to my past work, education and criminal conviction record. Upon written request, additional information on the nature and scope of the report, if one is made, will be provided to me.

I realize that an unsatisfactory background review or failure to satisfactorily complete a job related screening including a drug screen when requested may result in my rejection or dismissal.

In the event of my employment, I agree to observe the organization’s rules and regulations. I further agree that compliance with these rules shall be one of the conditions of continued employment.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment agreement between Alliance Medical Group and me for either employment or for the providing of any benefit.

I understand that Alliance Medical Group generally follows an “Employment at Will” policy and that I or the employer may terminate my employment at any time with or without cause (or notice).

I have never been: (a) convicted of a criminal offense related to health care and/or related to the provisions of services paid for by Medicare, Medicaid or another federal health care program; or (b) excluded from participation in any federal health care program, including Medicare and Medicaid.

Applicant’s Signature: _____ Date ____/____/____
(I have read, understand, and agree to the above statements)

AMG is an equal opportunity employer committed to diversity in the workplace and a drug free environment. AMG promotes a fragrance-free environment.