

ALPHA WOUND CARE EMPLOYMENT APPLICATION

Thank you for your interest in joining Alpha Wound Care. Please complete all sections of this application to the best of your ability. Alpha Wound Care is a drug-free and at-will employer.

PERSONAL INFORMATION

- Full Name: _____
- Address: _____
- City, State, ZIP: _____
- Phone Number: _____
- Email Address: _____
- Date of Birth: _____
- Social Security Number: _____
- Are you legally eligible to work in the United States? Yes No
- Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

POSITION INFORMATION

- Position Applied For: _____
- Desired Salary/Hourly Rate: _____
- Date Available to Start: _____
- Are you willing to work: Full-Time Part-Time Temporary
- Have you previously worked for Alpha Wound Care? Yes No

If yes, when? _____

EDUCATION

Education Level	School Name	Location	Years Attended	Degree/Certificate
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High School: _____

College/University: _____

Other: _____

EMPLOYMENT HISTORY

(Please list your last three employers, starting with the most recent)

<u>Employer Name</u>	<u>Position Title</u>	<u>Employment Dates</u>	<u>Reason for Leaving</u>	<u>Responsibilities</u>
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_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

REFERENCES

(Please list three professional references not related to you)

Name	Relationship	Phone Number	Email Address
1)	_____		
2)	_____		
3)	_____		

ADDITIONAL INFORMATION

Have you been terminated or asked to resign from any position in the last five years?

Yes No

If yes, please explain: _____

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? Yes No

If no, please describe: _____

DRUG-FREE EMPLOYER STATEMENT

Alpha Wound Care is committed to maintaining a drug-free workplace. All applicants must agree to comply with the company’s drug-free workplace policies, which may include pre-employment and random drug screenings. By signing this application, you agree to these conditions.

AT-WILL EMPLOYMENT DISCLAIMER

Employment with Alpha Wound Care is at-will, meaning that either the employee or the company may terminate the employment relationship at any time, with or without notice and with or without cause. This application does not constitute an employment contract.

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statements or omissions may result in rejection of my application or termination of employment. I authorize Alpha Wound Care to investigate all information provided and to contact references and previous employers.

Signature: _____ Date: _____

Equal Opportunity Employer

Alpha Wound Care is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or any other legally protected characteristic.

Thank you for applying to Alpha Wound Care. We will contact you if your qualifications match our needs.