



EMPLOYMENT APPLICATION

ConnectionHealth
429 Green Springs Highway,
Suite 161- #316
Birmingham, Alabama 35209
205-834-2235

ConnectionHealth is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please complete all the sections below:

Applicant Information

Applicant Name:
Address:
City, State and Zip Code:
Telephone Number:
Email Address:

Application Date:

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Employment Position(s)

Please indicate the employment position for which you are applying

<i>Community Health Worker (Health Partner)</i>
How did you hear about this position?
On what days are you available for work?
What hours or shift are you available for work?
On what date can you start working if you are hired?
Do you have reliable transportation to and from work?



Personal Information

Have you ever applied to or worked for ConnectionHealth before? Yes or No.
If yes, when?
Do you have any friends, relatives, or acquaintances working for ConnectionHealth? Yes or No. If yes, state name & relationship:
Are you a U.S. citizen or approved to work in the United States? Yes or No.
What document can you provide as proof of citizenship or legal status?
Will you consent to a mandatory controlled substance test? Yes or No
Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes or No
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: ConnectionHealth complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)



Education and Training

High School Name Location (City, State) Year Graduated Degree Earned
College/University Name Location (City, State) Year Graduated Degree Earned
Vocational School/Specialized Training Name Location (City, State) Year Graduated Degree Earned

Military

Are you a member of the Armed Services?
What branch of the military did you enlist? What was your military rank when discharged?
How many years did you serve in the military?
What military skills do you possess that would be an asset for this position?



Previous Employment

Employer Name:
Job Title:
Supervisor Name:
Employer Address:
City, State and Zip Code:
Employer Telephone:
Dates Employed:
Reason for leaving:

Employer Name:
Job Title:
Supervisor Name:
Employer Address:
City, State and Zip Code:
Employer Telephone:
Dates Employed:
Reason for leaving:



Employer Name:
Job Title:
Supervisor Name:
Employer Address:
City, State and Zip Code:
Employer Telephone:
Dates Employed:
Reason for leaving:

References

Please provide 2 personal and professional reference(s) below:
Reference Contact Information



Additional Information

Please include a resume if you would like to share additional information about yourself.
Why do you want to be a Community Health Worker?
What skills will you bring to the job?
Explain your level of comfort with conducting home visits.

AT-WILL EMPLOYMENT The relationship between you and the ConnectionHealth is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the ConnectionHealth. No representative of ConnectionHealth has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____ **Dated:** _____