



# EMPLOYMENT APPLICATION

Please complete the entire application.

## 1. Employer Information

Employer: Clinical Collection Management  
Address: 8730 Big Bend Blvd, Suite A  
City/State/ZIP: Saint Louis, Missouri 63119  
Telephone: 314-963-3404

It is the policy of Clinical Collection Management to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

## 2. Applicant Information

Applicant Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License (State/Number): \_\_\_\_\_

## 3. Emergency Contact

Who should be contacted if you are involved in an emergency?  
Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

## 4. Job Position Applied For: Drug and Alcohol Technician-Trainee

5. Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

6. Who referred you to our company? \_\_\_\_\_  
 Do you have any friends or relatives who work here? If yes, please list here:  
 \_\_\_\_\_
7. Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. How will you get to work? \_\_\_\_\_
9. If you are offered employment, when would you be available to begin work?  
 \_\_\_\_\_
10. If hired, are you able to submit proof that you are legally eligible for  
 employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
<input type="checkbox"/> Typing	_____	1 2 3 4 5
<input type="checkbox"/> Microsoft Office Suite (Word, Excel, etc.)	_____	1 2 3 4 5
<input type="checkbox"/> Answering telephones	_____	1 2 3 4 5
<input type="checkbox"/> Customer service	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

12. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

13. Applicant's Education and Training

College/University Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, degree(s) received:  
\_\_\_\_\_

High School/GED Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (graduate, technical, vocational):

\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_

Awards, Honors, Special Achievements:

\_\_\_\_\_

Military Service:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

14. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

\_\_\_\_\_  
\_\_\_\_\_

### **CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Clinical Collection Management to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Vice President of Operations, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Clinical Collection Management, except in a specific written contract of employment signed on behalf of the organization by its Vice President of Operations, has the power to alter or vary the voluntary nature of the employment relationship.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE