



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: _____

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
[]	Typing		1 2 3 4 5
[]	Microsoft Office Suite (Word, Excel, etc.)		1 2 3 4 5
[]	Answering telephones		1 2 3 4 5
[]	Customer Service		1 2 3 4 5
[]			1 2 3 4 5
[]			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

Please submit your completed application to emp@ccm-drugtest.com, or use this button: