

**SOUTHEAST CANCER
NETWORK, INC.**

Employment Application

SOUTHEAST CANCER NETWORK, INC.
AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

PERSONAL DATA

NAME FIRST	MIDDLE	LAST
Phone Number ()	Social Security Number	
ADDRESS (Number and Street)		How long there?
CITY	COUNTY	STATE ZIP CODE
FORMER ADDRESS (Number and Street)		
CITY	COUNTY	STATE ZIP CODE
Position applying for:	Wage Desired: \$	Date available:
Have you previously worked for Southeast Cancer Network, Inc.?	When?	If so, position held:
Do you have relatives employed by Southeast Cancer Network, Inc.?	Name:	
Were you referred to Southeast Cancer Network, Inc.?	By whom?	
Are you authorized to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (All offers of employment are contingent upon verification of employment eligibility under the Immigration Reform and Control Act of 1986.)		
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License (State and Number):	
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:	
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:	

EDUCATION/TRAINING

Circle last grade completed:		
1 2 3 4 5 6 7 8 9 10 11 12 (High School Graduate)	13 14 (Technical/Vocational School)	
15 (College Freshman) 16 (College Sophomore) 17 (College Junior) 18 (Bachelor Degree) 19 (Master Degree) 20 (Ph.D.)		
Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, estimated graduation date: Month: _____ Year: _____	
APPRENTICE, BUSINESS, TECHNICAL, OR VOCATIONAL SCHOOL:		
Names of School:		
Location:		
Major Field:		
Diploma/Certificate Received: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Certifications Received:

SOUTHEAST CANCER NETWORK, INC.
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List special skills or training:

HIGH SCHOOL INFORMATION:

Name of School:

Location:

Major Courses Taken:

Diploma Received: Yes No

COLLEGE INFORMATION:

Undergraduate College/University Attended:

Location:

Major Field of Study:

Degree Received: Yes No

PREVIOUS EMPLOYMENT

List most recent employer first. Include breaks in employment or periods of unemployment.

Company Name:	From	To	Job Title	Starting Salary
Number and street	Phone		Supervisor	Final Salary
City and State	Zip Code		Reason for leaving	
Company Name:	From	To	Job Title	Starting Salary
Number and street	Phone		Supervisor	Final Salary
City and State	Zip Code		Reason for leaving	
Company Name:	From	To	Job Title	Starting Salary
Number and street	Phone		Supervisor	Final Salary
City and State	Zip Code		Reason for leaving	

Have you ever been discharged or asked to resign from any position? Yes No

If yes, please explain:

Do you currently receive pay from any other source? (Do not disclose alimony or child support payments.)

If yes, please explain.

Unemployment Record List all intervals of unemployment, if any during the last 10 years	From - Month/Year	To - Month/Year	Brief Statement covering this period, if applicable

ACCIDENTS

List and explain in detail giving dates and location of all accidents that you have been involved in during the past five years, in any type of vehicle, and regardless of whether you feel they were chargeable or non-chargeable. **FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION. IF YOU HAVE HAD NO ACCIDENTS IN THE PAST 5 YEARS, WRITE "NONE."**

Date	Type Vehicle	Whose Fault?	Fatalities? Yes or No	Injuries? Yes or No	\$ Amount of All Damage	Date	Type Vehicle	Whose Fault?	Fatalities? Yes or No	Injuries? Yes or No	\$ Amount of All Damage
Describe Accident						Describe Accident					
_____						_____					
_____						_____					
_____						_____					

Date	Type Vehicle	Whose Fault?	Fatalities? Yes or No	Injuries? Yes or No	\$ Amount of All Damage	Date	Type Vehicle	Whose Fault?	Fatalities? Yes or No	Injuries? Yes or No	\$ Amount of All Damage
Describe Accident						Describe Accident					
_____						_____					
_____						_____					
_____						_____					

TRAFFIC VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 5 years. **FAILURE TO LIST ALL TRAFFIC VIOLATIONS MAY RESULT IN YOUR DISQUALIFICATION. IF YOU HAD NO TRAFFIC VIOLATIONS IN THE PAST 5 YEARS, WRITE "NONE."**

Traffic Conviction(s): Describe	Date	City & State	Penalty

DRIVING EXPERIENCE

In what states have you driven regularly? _____ _____ _____ _____	What awards do you hold for safe driving? _____ _____ _____ _____
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Have you ever been convicted of DWI, DUI, careless or reckless driving? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Explain _____ _____	List all driver's licenses that you presently hold or have held in the past 3 years.		
	License #	State	Expiration Date
Has your license or privilege to drive ever been suspended or revoked for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Explain _____ _____			

MILITARY

Have you served in the United States Military, Reserves, or National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service	Highest Rank
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Indicate any skills or training acquired during military service you feel might be of interest or value to Southeast Cancer Network, Inc.

PERSONAL HISTORY

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
 (This information will not necessarily bar an applicant from employment.)

If yes, please explain fully including the date, place, nature of the crime, and the date of conviction and completion of any sentence. (Add additional sheet if necessary.)

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

Name		Address	
City	State	Zip Code	Phone Number
Name		Address	
City	State	Zip Code	Phone Number
Name		Address	
City	State	Zip Code	Phone Number

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING.
RELEASE AND PRIVACY STATEMENT**

I understand that Southeast Cancer Network, Inc. requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize Southeast Cancer Network, Inc. to investigate my past employment, criminal record, credit, educational credentials, and other employment related activities. I agree to cooperate in such investigations and release all parties from all liability or responsibility with respect to the information supplied. I also agree to submit to any drug or alcohol testing which is required to qualify for employment with Southeast Cancer Network, Inc.

I understand that this application is not an offer of employment and that by accepting my application, Southeast Cancer Network, Inc. does not guarantee that I will be offered a job. I also understand that if I am offered a job, Southeast Cancer Network, Inc. reserves the right to make such changes in the terms and conditions of my employment as Southeast Cancer Network, Inc. determines to be necessary or appropriate.

I understand that an employment with Southeast Cancer Network, Inc. would be an employment-at-will, meaning my employment would not be for any fixed period of time and that, if employed, I may resign at any time for any reason with or without notice and Southeast Cancer Network, Inc. may terminate my employment at any time for any reason, with or without notice. I further acknowledge my understanding that statements which may be contained in policies, handbooks, and other company materials do not create any guarantee of employment nor contractual rights, express or implied, and I agree that I will not rely upon them as such. I also understand and agree that such policies may be changed at any time, with or without notice. I further acknowledge that no supervisor, manager, executive or any employee or agent of Southeast Cancer Network, Inc. has the authority to alter any of the above, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by Southeast Cancer Network, Inc.'s President and myself.

I certify that all the above information is true and complete in all respects and that I am submitting this information and any other information during the application process so that Southeast Cancer Network, Inc. can rely on this information in making employment decisions. I understand that any false answers or statements made by me on this application or any supplement thereto or in connection with the above-mentioned investigations, regardless of when discovered by Southeast Cancer Network, Inc., will be grounds for immediate disqualification or discharge, if I am employed. I understand, also, that I am required to abide by all rules and regulations of Southeast Cancer Network, Inc.

I further understand that any offer of employment may be contingent upon successfully completing a medical evaluation indicating that I am able to perform the essential functions of the job, with or without reasonable accommodations.

I hereby attest, under penalty of perjury that I am lawfully permitted to work in the United States. I understand that, if an offer of employment is made by Southeast Cancer Network, Inc., I will be required to present satisfactory documentation of personal identity and employability before I am hired.

If hired, in the event Southeast Cancer Network, Inc. advances me money or other items of value, or I otherwise become indebted financially to Southeast Cancer Network, Inc., I agree to repay Southeast Cancer Network, Inc. and also agree any wages due me upon termination may be offset by payroll deductions against any such monies due Southeast Cancer Network, Inc.

I acknowledge that I have read, understand, and agree to abide by the terms of the above RELEASE AND PRIVACY STATEMENT.

Signature of Applicant

Date