



EMPLOYMENT APPLICATION

CARE MANAGEMENT INTERNATIONAL, INC.

50 Harrison Street; Suite 119

Hoboken, NJ 07030

Phone: 1-201-420-6686

Fax: 1-201-420-7786

CARE MANAGEMENT INTERNATIONAL, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

Please answer ALL questions. Use back or attach additional pages if more space is necessary.
Return to Human Resources at address noted above.

PERSONAL

_____ Date

_____ Last Name _____ First Name _____ M.I. _____ Social Security Number

_____ Address _____ City _____ State _____ Zip

_____ Home Telephone _____ Cell or Other Telephone _____ Email Address

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?

NO YES

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

NO YES

IF YES, PLEASE EXPLAIN
(a conviction will not necessarily disqualify applicant)

POSITION

Position(s) Desired: _____ Compensation Requirements: _____

PROFESSIONAL REFERENCES

List former supervisors and/or associates who are acquainted with your professional qualifications

Name	Organization	Title	Address	Telephone	Relationship

EDUCATION

Circle highest grade completed in each category	School	Location	Major	Diploma/Degree	Grade Point Average	Year Graduated
High School 9 10 11 12						
College 1 2 3 4						
Graduate School 1 2 3 4						
Other Training						

PREVIOUS EMPLOYMENT
(Provide copy of detailed resume)

List all jobs, including military service, self-employment and periods of unemployment. Begin with the most recent.

Employer	Address	Job Title	Supervisor Name	Date Started	Date Ended	Ending Salary	Reason for Leaving

ORGANIZATIONS

With which professional organizations are you affiliated?

LICENSURES/CERTIFICATIONS

Describe any licensures/certifications or provide other information that will assist us in evaluating your qualifications. (Please provide effective dates for licensures)

CERTIFICATION

I hereby certify that the entries are true, correct and complete. I authorize my former employers and other individuals to give any information concerning me, and I hereby release them and their organizations from any liability whatsoever. I UNDERSTAND THAT IN THE EVENT I AM HIRED, I WILL BE SUBJECT TO DISMISSAL IF ANYTHING IN THIS APPLICATION IS FOUND TO BE FALSE.

I further understand that in the event I am hired, I will be an at-will employee and my employment and compensation can be terminated without cause or notice at any time at the option of Care Management International, Inc. I understand that no person other than the President of Care Management International, Inc. has any authority to make any agreement contrary to the foregoing, and then only if such agreement is in writing signed by the President.

I further understand in the event I am hired, I represent that I am free to undertake employment with Care Management International, Inc. without breach of any other agreement (whether written or oral) or duty to any other party.

Signature of Applicant

Date