



Dear New Applicant,

Thank you for your interest in working with Advanced Clinical Associates. Since our inception in 2007, we have been dedicated to providing superior patient care for all of our clients throughout the Phoenix Metropolitan area. Our high level of clinical excellence is made possible because of our staff. As a result, we are dedicated to hiring individuals that display passion for patient care, attention to detail, flexibility, organizational skills, and the ability to work well with a diverse group of individuals.

The application process consists of three parts. During part one, you will undergo an initial interview and complete a preliminary employment application. Following a successful interview, you will be provided with additional documents to complete, undergo a background check and be asked to complete a drug screen.

Upon successful completion of the background check, drug screening, and required documentation, you will be scheduled for an orientation. During this process you will be informed and trained about the specific requirements pertaining to your position and will receive information regarding ACA's policies and procedures.

Once again, we thank you for your interest in being a part of our remarkable clinical team. We look forward to learning more about you. If you have any questions, feel free to call me anytime at (602) 373-0540 or email me at MCarroll@acahealthservices.com.

Sincerely,

Maria Carroll
Human Resources Manager



10752 N. 89th Place, Suite 203
Scottsdale, AZ 85260
Office: (602) 373-0540
Fax: (480) 477-6571

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Name: (Print) _____
Last First Middle
Date of Birth (MM/DD/YYYY) _____ Social Security Number _____

Please list any other names records may be listed under: _____

Current Address: _____
Street Address City State Zip Code

Contact Numbers: _____
Home Phone Number Cell Phone Number Work Phone Number

Email Address: _____

Emergency Contact: _____
Name Relationship Phone Number

Citizenship: _____

If you will be employed on a visa, please specify the type of visa _____

PROFESSIONAL EDUCATION

Name and Location of School(s)	Graduated Date(s)	Type of Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL DATA

LICENSURE: # _____ State _____ Expiration Date _____
(Please include copies of all licenses held) # _____ State _____ Expiration Date _____
_____ State _____ Expiration Date _____
_____ State _____ Expiration Date _____

Which of these licenses is your original state of licensure? _____

CERTIFICATIONS: Type _____ Expiration Date _____
(Please include copies of All certifications obtained) Type _____ Expiration Date _____
Type _____ Expiration Date _____
Type _____ Expiration Date _____
Type _____ Expiration Date _____
Type _____ Expiration Date _____

AVAILABILITY

Professional Discipline/Title: _____ Date available to being working: ____/____/____

Days available to work: Mon Tues Wed Thurs Fri Sat Sun

Shift Preference: Days Nights

EMPLOYMENT HISTORY

Are you currently employed? Yes No

If so, may we contact your present employer? Yes No

Dates employed: From _____ To _____ Reason For Leaving: _____
Facility/Employer: _____ Department: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____
Name of Supervisor: _____ Phone: _____
Pay Rate Beginning: _____ Pay Rate Ending: _____
Responsibilities: _____

Dates employed: From _____ To _____	Reason For Leaving: _____
Facility/Employer: _____	Department: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Position Held: _____	
Name of Supervisor: _____	Phone: _____
Pay Rate Beginning: _____	Pay Rate Ending: _____
Responsibilities: _____	

Dates employed: From _____ To _____	Reason For Leaving: _____
Facility/Employer: _____	Department: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Position Held: _____	
Name of Supervisor: _____	Phone: _____
Pay Rate Beginning: _____	Pay Rate Ending: _____
Responsibilities: _____	

Dates employed: From _____ To _____	Reason For Leaving: _____
Facility/Employer: _____	Department: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Position Held: _____	
Name of Supervisor: _____	Phone: _____
Pay Rate Beginning: _____	Pay Rate Ending: _____
Responsibilities: _____	

Please list (2) Professional References:

NAME	TITLE	PHONE NUMBER
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Please list two (2) Personal References:

NAME	RELATIONSHIP	PHONE NUMBER
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Have you ever had any professional License or Certification placed under investigation, disciplined, suspended, revoked, put on probation, or are there any restrictions placed on your License/Certification? Yes No
If yes, attach a separate sheet with an explanation.

Have you ever been convicted of a crime or are there any felony charges pending against you? Yes No
If yes, attach a separate sheet with an explanation.

Have you ever been named a defendant in a professional liability action? Yes No
If yes, attach a separate sheet with an explanation.

Can you submit verification of your legal right to work in the United States? Yes No

Can you perform the essential duties of the job in which you wish to be contracted for, with or without accommodation? Yes No

Do you have reliable transportation? Yes No