



The **ALARIS** Group, Inc.®

CORE SERVICES

Medical Case Management
Disability Case Management
Vocational Rehabilitation
Job Placement/Job Development
FMLA Coordination
Certified Managed Care
In-House Dedicated Nurse Program

SPECIAL EXPERTISE

Catastrophic Case Management
Life Care Planning
Medical Legal Nurse Consulting
Liability Reviews
Independent Vocational Evaluations
Ergonomic Consulting
Multicultural Services

ALARIS

EMPLOYMENT APPLICATION

Contact Pat Chen
Human Resources Manager

8913 Victoria Gardens, Brooklyn Park, MN 55443

Fax: 1-855-869-9156 Mobile: 612-849-5851

pat.chen@alarisgroup.com

PERSONAL

Last Name	First Name	Middle Name	Social Security #
Other Sir/Last Name(s)	List Professional Name you would like to use		Home Telephone #
Street Address		Business Or Message #	
City	State	Zip Code	County
Position Applied For		Referred By	Salary Desired
Have you ever interviewed with the Company or its affiliates before? If yes, list date(s), Job titles(s), & Location			
Have you ever been employed by the Company or its affiliates before? If yes, list date(s), Job title(s), & Location			
Are you at least 18 years old?		If under 18, do you have a work permit?	

EDUCATION

All information must be completed or application will be rejected and returned.					
Check Highest Grade Completed	High School	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
	College, Trade Business	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	Graduate Studies				
High School	Complete Address	Name When Enrolled	Grad. Date/Degree Obtained		
College/University	Complete Address	Name When Enrolled	Grad. Date/Degree Obtained		
Vocational, Business, Other	Complete Address	Name When Enrolled	Grad. Date/Degree Obtained		
List Any Professional Designations					
Other Special Knowledge, Skills or Qualifications					
Do You Type?	If yes, WPM:				
Computer Skills (Hardware/Software)					

EMPLOYMENT HISTORY

List all employments for the past 10years, starting with the most recent positions. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employed from	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisors Phone #	Ending Salary
Job Title	Reason for Leaving		
Duties & Responsibilities			

Employed From	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisors Phone #	Ending Salary
Job Title	Reason for Leaving		
Duties & Responsibilities			

Employed From	Employer Name	Supervisor Name	Starting Salary
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Job Title	Reason for Leaving		
Duties & Responsibilities			

Employed From	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisors Phone #	Ending Salary
Job Title	Reason for Leaving		
Duties & Responsibilities			

GENERAL

Yes No

- May we contact your current employer for references?*
- If hired, will you be able to work overtime?*
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodations?*
- Have you ever been convicted of a crime, excluding misdemeanors & summary offenses, which have not been annulled, expunged or seals by courts? (A yes response does not automatically disqualify your application.)*
- I hereby acknowledge that I have read & agree to the above statements.*

Signature

Date

CERTIFICATION & AUTHORIZATION

The above information is true & correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery. I authorize the company to inquire into my educational, professional & past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related about me to the Company & will hold the Company & my former employer harmless for any claim made on the basis that such information about me was provided or that any employment decision was made on the bases of such information. I further authorize the Company to obtain any credit & consumer check as well as a criminal background check.

I understand that nothing in this employment application, the granting of the interview or my subsequent employment with the Company is intended to create an employment contract between myself & the Company under which my employment could be terminated only for cause. On the contrary I understand & agree that, if hired, my employment will be terminable at will & may be terminated by me or the Company at any time & for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity & right to work in the United States under the Immigration Reform & Control Act (IRCA) of 1986. The document(s) provided will be used for completion of form I-9. I will also be required to provide proof of licensures & certifications to included RN, CDMS, CCM or any other pertinent documentation to verify professional status.

I hereby acknowledge that I have read & agree to the above statements.

Signature

Date

www.alarisgroup.com

Voluntary EEO Identification Information

As part of the application process, we would appreciate your time to complete the following information. Providing the information requested on this form is voluntary. Various agencies of the U.S. Government require employers to maintain information on applicants pertaining to factors such as race, gender and type of position for which an individual applies. This information will be used for only statistical government reporting purposes and will have no effect on hiring decisions.

Print Name: _____

Date: _____

Title of position for which applying: _____

Referral Source: Advertisement Friend/Relative The ALARIS Group Website Other _____

Please check one: _____ Male _____ Female

Ethnic Self-Identification:

Are you Hispanic or Latino? (Definition: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) _____ Yes _____ No

Race Self-Identification:

Please read the descriptions and mark as applicable:

_____ **American Indian or Alaska Native** – a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **Black or African American** – a person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **White** – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Regulations by the U.S. Department of Labor require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

_____ **Disabled Individual** – Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

_____ **Vietnam Veteran** – An individual who has served in active duty for a period of more than 180 days, between 8/6/64 to 5/7/78, and was discharged or released with other than a dishonorable discharge.

_____ **Special Disabled Veteran** – An individual who is entitled is disability compensation under laws administered by the Veterans Administration for a disability rated at 30 percent or more, or was discharged or released from active duty because of a service-connected disability.

_____ **Other Eligible Veteran** – Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

_____ **I have read the above and voluntarily provide the requested information.**

_____ **I have read the above and decline to provide the requested information.**

Signature

Date