



Application for Employment

When complete, send application to ACP through email or fax.

careers@azacp.com or fax: 520-547-5820

Consideration for employment is made without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation or any other legally protected status.

Position(s) Applying For:	Date of application:	Desired Pay:
		\$

How did you hear about ACP?

Current ACP Employee - Name: _____ Jobing.com

CareerBuilder.com Other website: _____ College/School: _____

Other: _____

Last Name:	Former Last Name(s):	First Name:	Middle Initial:

Street Address:	City:	State:	Zip Code:

Phone Number:	Email Address:	Last 4 digits of Social Security Number:
		XXX-XX - _____

Are you over 16 years of age? Yes No

If hired, are you able to provide documents establishing your identity and your right to work in the United States? Yes No

Do you currently use nicotine products? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date: _____

Have you ever been employed with us before? Yes No

If yes, give dates: _____

Do you have any relatives currently working at ACP? Yes No

Name of relative: _____

Are you currently employed? Yes No

May we contact your present employer?
If you answered no, please explain why. Yes No

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Temporary

Please indicate the locations/areas in which you are interested in working?

- East/Central Northwest Oro Valley Southwest Green Valley West

Have you ever been convicted of a felony? Yes No

If yes, please provide details. Conviction does not necessarily disqualify an applicant from employment.

Education

* Please note that you will be required to provide proof of graduation.	Name of School City & State	Course of Study	Diploma/Degree Title	Did you graduate/ receive GED?
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade/Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized skills, qualifications and/or training related to the position you are applying for (example: internships, externships, military training, extracurricular/volunteer activities, etc.) Please feel free to list any information you feel may be helpful in considering your application. You may exclude activities or affiliations that indicate race, color, religion, gender, national origin, disabilities or any other protected status.

Please explain why you wish to be considered for employment with Arizona Community Physicians.

APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE HAD THE OPPORTUNITY TO VIEW THE JOB REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing, in a reasonable manner, the requirements/activities involved in the position for which you have applied? YES NO

Employment Experience

START WITH YOUR PRESENT OR MOST CURRENT JOB. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. WRITING "SEE RESUME" IS NOT ACCEPTABLE.

Employer Name	Dates Employed	Work Performed
Street Address	From Mo/Yr	To Mo/Yr
City, State, Zip		
Telephone Number(s)	Hourly Rate/Salary	
Job Title	Starting Rate	Ending Rate
Supervisor		
Reason for Leaving		

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Reason for Leaving		

PLEASE ATTACH ADDITIONAL PAGES OF WORK HISTORY IF NECESSARY

Computer Skills: Please list all computer programs and/or systems you are experienced with and indicate your level of proficiency.

Program/System:

Level of proficiency:

_____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
_____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
_____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
_____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
_____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
_____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

Personal References: List information for three people who have known you for at least one year. (Example: current or former co-workers, former supervisors, Teachers/instructors, business contacts, etc.)

Name: _____

Relationship: _____

How long have you known this person: _____

Daytime Phone Number: _____

Name: _____

Relationship: _____

How long have you known this person: _____

Daytime Phone Number: _____

Name: _____

Relationship: _____

How long have you known this person: _____

Daytime Phone Number: _____

Applicant Statement

I certify that all the information given is accurate and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" employment relationship and may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application, resume, and/or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



CONSENT FOR DRUG/ALCOHOL TESTING

- I understand that if I am considered for a position with Arizona Community Physicians, I will be required to submit to a drug, Nicotine and/or alcohol screening. If I should fail to follow proper procedures for testing or if I should test positive for drugs, Nicotine and/or alcohol, I understand that the job offer will be revoked. I further understand that the job offer will be revoked if I fail to submit to testing within the required timeframe.
- I understand that I will be terminated or my job offer will be revoked if I attempt to tamper with, substitute, and/or adulterate specimens in any way.
- If an employee or applicant is unable to produce a urine specimen, they will be given a specified timeframe and water to drink. If the employee or applicant is unable to produce a specimen within the given timeframe, the test will be ruled as a refusal to test unless the individual is able to produce medical documentation of a condition that would cause an inability to produce a urine specimen.
- If employed, I agree to submit to drug and/or alcohol testing in accordance with the policy of Arizona Community Physicians. I understand and agree that if at anytime I refuse to submit to a drug and/or alcohol test under company policy, or if I otherwise fail to cooperate with testing procedures, I will be subject to immediate termination. If I should test positive for drugs and/or alcohol at anytime during my employment, I will be subject to immediate termination.
- In accordance with Arizona law, an employee or applicant whose specimen tests positive will be given the opportunity to explain the positive result upon request from the employee/applicant.
- I hereby release Arizona Community Physicians and any testing laboratory they might use from any and all claims, cause of action, damages or liability relating to the testing or use and dissemination of test results including, but not limited to, all claims for injuries or damages arising out of or relating to the collection of specimens, procedures, the release of information or results concerning such testing, or any action taken regarding any employability or continued employment as a result of such testing or test results.
- I hereby give consent to the testing laboratory to release the results of my drug and/or alcohol screening to Arizona Community Physicians.

I am over the age of 18.

I am under the age of 18. **Parent/guardian authorization required.**

Applicant/Employee Printed Name

Date

Signature

If under the age of 18, parent/guardian authorization is required.

Parent/Guardian Name

Date

Signature



Nicotine-free Hiring Policy

Like many healthcare providers, Arizona Community Physicians is committed to promoting the health and well-being of our employees and patients. Effective January 1, 2015, Arizona Community Physicians will no longer hire applicants who are users of nicotine products. Nicotine products include: Cigarettes, cigars, pipes, chewing tobacco, e-cigarettes, patches, and gum. This is part of a national trend, and we feel it is an important step in supporting a healthy lifestyle and environment.

By submitting an application with Arizona Community Physicians you agree to commit to being nicotine-free. As noted in the Consent for Drug/Alcohol testing, all candidates will be required to submit to a drug, Nicotine and/or alcohol screening. If you should fail to follow proper procedures for testing or if you should test positive for drugs, Nicotine and/or alcohol, your job offer will be revoked.

We encourage our job applicants to take steps to stop the use of nicotine products, and have included information below about the Arizona Smokers' Helpline.

Arizona Smokers' Helpline (ASHLINE)

Phone: 1-800-556-6222

Website: www.asline.org