

# Application for Employment

When complete, print/fax, print/mail, or print/deliver in person to:

**Arizona Community Physicians**  
**5055 E. Broadway, Suite A-100**  
**Tucson, Arizona 85711**  
**Fax: (520) 547-5820**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation or any other legally protected status.

**PLEASE PRINT ALL INFORMATION CLEARLY**

Position(s) Applying For:	Desired Pay Rate:	Date of application:
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How did you hear about ACP?

Newspaper	Walk In	Job Fair	College/School	Gov't. Agency	Employment Agency	Other _____	Friend/Relative _____
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Current ACP Employee (Name of person: \_\_\_\_\_)

Last Name:	Former Last Name(s):	First Name:	Middle Initial:
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Street Address	City	State	Zip Code
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Telephone Number(s)	Last 4 digits of Social Security Number XXX - XX - ____
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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

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? Yes    No  
 If you answered no, please explain why.

On what date would you be available to work? \_\_\_\_\_

Are you available to work: Full Time Part Time Shift Work Temporary

Please indicate the locations/areas in which you are interested in working? East/Central Northwest/Oro Valley Southwest Green Valley

Have you ever been convicted of a felony? Yes    No

*Conviction will not necessarily disqualify an applicant from employment.*

**If yes, please explain:**

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Education

	Name of School City & State	Course of Study	Diploma/Degree Title	Did you Graduate?
High School				Yes No
Undergraduate College				Yes No
Graduate School				Yes No
Trade School				Yes No
Other (Specify)				Yes 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.

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

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**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. Include any job-related military service assignments.**

**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			

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	
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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			

**PLEASE LIST ALL APPLICABLE WORK EXPERIENCE.  
ATTACH ADDITIONAL PAGES 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:		
_____	Beginner	Intermediate	Advanced
_____	Beginner	Intermediate	Advanced
_____	Beginner	Intermediate	Advanced
_____	Beginner	Intermediate	Advanced
_____	Beginner	Intermediate	Advanced
_____	Beginner	Intermediate	Advanced
_____	Beginner	Intermediate	Advanced
_____	Beginner	Intermediate	Advanced
_____	Beginner	Intermediate	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.)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 How long have you known this person: \_\_\_\_\_ Daytime Numbers: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 How long have you known this person: \_\_\_\_\_ Daytime Numbers: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 How long have you known this person: \_\_\_\_\_ Daytime Numbers: \_\_\_\_\_

## Applicant Statement

By typing or signing my name below I certify that all the information given is accurate and complete to the best of my knowledge.

By typing or signing my name below I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should reapply at that time.

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



# Arizona Community Physicians

## 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 and/or alcohol screening. If I should fail to follow proper procedures for testing or if I should test positive for drugs 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 Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature