



# Application for Employment

When complete, send application to ACP through email or fax.  
[careers@azacp.com](mailto:careers@azacp.com) or fax: 520-547-5820

ACP provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

Position(s) Applying For:		Date of application:	Desired Pay:
			\$
How did you hear about ACP?			
<input type="checkbox"/> Current ACP Employee - Name: _____		<input type="checkbox"/> Jobing.com	<input type="checkbox"/> Indeed.com
<input type="checkbox"/> ACP Internet Site	<input type="checkbox"/> Other website: _____	<input type="checkbox"/> College/School: _____	
<input type="checkbox"/> Other: _____			
Last Name:	Former Last Name(s):	First Name:	Middle Initial:
Street Address:	City:	State:	Zip Code:
Phone Number:	Email Address:		

Are you at least 18 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.**

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## 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?
<b>High School/GED</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Undergraduate College</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Graduate School</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Trade/Technical School</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other (Specify)</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

	Fluent	Good	Fair
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

**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. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. WRITING "SEE RESUME" IS NOT ACCEPTABLE.**

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

Employer Name	Dates Employed	Average Hours Worked Per Week
Street Address	From <b>Mo/Yr</b>	To <b>Mo/Yr</b>
City, State, Zip		
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Telephone Number(s)	Hourly Rate/Salary	
Job Title	Starting Rate	Ending Rate
Supervisor		Work Performed
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 and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I understand ACP completes a criminal background check with a separate consent form.
- 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.
- I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## ACKNOWLEDGMENT AND CONSENT FORM

# Drug & Alcohol-Free Workplace

Drug testing through urine or blood samples is part of ACP's overall pre-employment and on-going employment requirements. Please read the following carefully:

- I understand that post-offer, pre-employment drug testing is part of the Company's procedures.
- I understand that the Company may conduct drug and/or alcohol impairment testing under certain circumstances during employment consistent with the Company's written policies.
- I consent to submit to urine or blood analysis drug and/or alcohol impairment testing, and any other physical examination that the Company may reasonably determine is job related and consistent with business necessity.
- I authorize and hereby release the Company's testing laboratory to provide the results of any such tests to the Company.
- I agree to hold the Company, its agents, directors, officers and employees harmless from any and all liability in connection with any testing described above.

## Nicotine-free Hiring & Employment

Like many healthcare providers, Arizona Community Physicians is committed to promoting the health and well-being of our employees and patients. Arizona Community Physicians does not hire applicants who are users of nicotine products. Nicotine products include: Cigarettes, cigars, pipes, chewing tobacco, electronic delivery systems, 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](http://www.asline.org)

**NOTICE: REFUSAL TO SIGN THIS FORM DISQUALIFIES YOU FROM EMPLOYMENT OR CONTINUED EMPLOYMENT WITH THE COMPANY.**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PRINT**