



Alliance Ambulatory Infusion Center

Employment Application

Corporate Office
1512 8th Ave. Suite 100
Fort Worth, TX 76104

Desoto
2727 Bolton Boone Dr. Ste 110
Desoto, TX 75115

Houston
1919 N. Loop West, Ste 180
Houston, TX 77008

San Antonio
1919 Oakwell Farms Pkwy
San Antonio, TX 78218

Phone: (817) 923-4495
Toll free: (866) 923-4495
Intake Fax: (817) 923-4492

Date: _____ Location: _____

Position desired: _____ Salary Requirements _____

Personal Data:

Name: _____

Address: _____ City: _____ St. _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date Available for Employment: _____ SS#: _____

Foreign Language Proficiency: _____

Are You Legally Eligible for Employment in the United States? yes no

Professional License Number: _____ issuer _____ Expiration _____

Professional Liability Coverage Dates: (from) _____ (to) _____

Have you ever worked home Care/hospital/Hospice? yes no Location _____

Are you related to any Alliance associates? yes no Name _____

School Record:

High School _____ Degree/diploma received yes no Studies _____

College: _____ Degree/diploma received yes no Studies _____

Post Graduate _____ Degree/diploma received yes no Studies _____

On a daily basis, do you have reliable transportation? yes no

Do you have the minimum automobile insurance as required by law? yes no

Do you have an appropriate drivers license? yes no

Employment History:

Present Employer: _____ Start Date: _____ End Date: _____

Address: _____ Supervisor: _____

Phone Number: _____ Reason for leaving: _____

Job Title: _____ Compensation: _____

Work Responsibilities: _____

Previous Employer: _____ Start Date: _____ End Date: _____

Address: _____ Supervisor: _____

Phone Number: _____ Reason for leaving: _____

Job Title: _____ Compensation: _____

Work Responsibilities: _____

Previous Employer: _____ Start Date: _____ End Date: _____

Address: _____ Supervisor: _____

Phone Number: _____ Reason for leaving: _____

Job Title: _____ Compensation: _____

Work Responsibilities: _____



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References:

Name: _____ Phone: _____

Association: _____

Name: _____ Phone: _____

Association: _____

Military History/Other Training:

Service Dates: _____ to _____ Release Type: _____

Current Status: _____

Job Related Training: _____

Professional, Trade, Business or Civic Organizations/Offices: _____

Please identify any other job related skills or specialized training: _____

Resume:

IN ADDITION TO THIS APPLICATION, A CURRENT RESUME IS REQUIRED FOR ALL PROFESSIONAL POSITIONS.

Have you ever been convicted of a felony? ___yes ___no If yes, please explain _____

Have you ever been excluded as a provider for the medical program? _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge and belief and I agree that a representative of Alliance Ambulatory Infusion Center, Inc. may investigate my statements.

I agree to permit all past employers and schools to give any information concerning me and I release them from liability in furnishing such information. I understand that this application for employment shall be considered active for a period of time not to exceed six months. I understand and agree that, if employed, my employment at Alliance Ambulatory Infusion Center, Inc. is for an indefinite term and is terminable at any time at the will of either Alliance Ambulatory Infusion Center, Inc. or myself for any reason. I understand that severance of this employment relationship at any time, by either party, for any reason not prohibited by law, will not constitute a violation of any expressed or implied covenant. I also understand that this status can only be altered by written contract of employment, which is specific as to all material terms and is signed by myself and an Officer of Alliance Ambulatory Infusion Center, Inc. Alliance Ambulatory Infusion Center, Inc. adheres to federal and state laws prohibiting discrimination.

I am in agreement with Alliance Ambulatory Infusion Center, Inc. policy to hire and promote on the basis of individual ability without regard to race, religion, color, sex, age, disability or national origin. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and / or legal action. I understand also that if employed, I am required to abide by all rules and regulations of Alliance Ambulatory Infusion Center, Inc.

SIGNATURE: _____ DATE: _____



ALLIANCE AMBULATORY INFUSION CENTER, INC. IS AN EQUAL OPPORTUNITY EMPLOYER