
CRIMSON CARE NETWORK

Employment Application

Alabama Family Medical Center
Crimson Care North
Crimson Care Skyland
Crimson Care Veterans
Crimson Village
The Legacy
Tuscaloosa MedSpa
Tuscaloosa Men's Clinic
Tuscaloosa Weight Loss



Applicant Information:

Last Name _____ First Name _____ MI _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Date Available _____ Social Security # _____ Desired Salary _____

Position Applied For _____ Part Time [] Full Time []

Are you a citizen or the United States? Yes [] No [] Are you authorized to work in the United States? Yes [] No []

Have you ever worked for any of our companies? Yes [] No [] If so, when and which company? _____

Have you ever been convicted of a felony? Yes [] No [] If yes, please explain: _____

Education:

High School From Year: _____ To Year: _____ Did you graduate? Yes [] No []

College From Year: _____ To Year: _____ Did you graduate? Yes [] No [] Degree _____

Other From Year: _____ To Year: _____ Did you graduate? Yes [] No []

References: Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Title: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Title: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Title: _____ Email: _____

**CRIMSON
CARE
NETWORK**
Employment Application

Alabama Family Medical Center
Crimson Care North
Crimson Care Skyland
Crimson Care Veterans
Crimson Village
The Legacy
Tuscaloosa MedSpa
Tuscaloosa Men's Clinic
Tuscaloosa Weight Loss



Previous Employment:

Company Phone Supervisor

Address Starting Salary Ending Salary

Job Title Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? Yes [] No []

Company Phone Supervisor

Address Starting Salary Ending Salary

Job Title Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? Yes [] No []

Military Service:

Branch From To

Rank at Discharge Type of Discharge

If other than Honorable, please explain

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may lead to my release.

Signature Date