

# THE CRIMSON NETWORK

## Employment Application

Alabama Family Medical Center  
Crimson Care Skyland  
Crimson Care Veterans  
Crimson Village  
First Care  
Tuscaloosa MedSpa  
Tuscaloosa Weight Loss



### Applicant Information:

\_\_\_\_\_  
Last Name First Name MI DOB

\_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Email Address

\_\_\_\_\_  
Date Available Social Security # Desired Salary

\_\_\_\_\_  
Position Applied For

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: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Previous Employment:

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Company Phone Supervisor

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Address Starting Salary Ending Salary

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Job Title Responsibilities

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From To Reason for Leaving

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

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Company Phone Supervisor

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Address Starting Salary Ending Salary

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Job Title Responsibilities

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From To Reason for Leaving

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

### Military Service:

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Branch From To

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Rank at Discharge Type of Discharge

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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.

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Signature Date