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**CRIMSON  
CARE  
NETWORK**  
Employment Application

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



**Applicant Information:**

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

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

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

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

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

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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:**

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

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

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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

---

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