

APPLICATION FOR CareerReady Fast Track

PERSONAL INFORMATION

Full Name: _____

Member ID: _____ Child's Member ID: _____

What is your Race or Ethnicity? ☐ White ☐ Hispanic, Latino or Spanish

(Select all that apply)

☐ Black or African American ☐ Asian ☐ Other (please specify): _____

Date of Birth: ____ / ____ / ____

Telephone: _____ Email: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

1) Do you have a high school diploma or GED? ☐ Yes ☐ No

If yes, what is the name and location of the high school? Name: _____ City: _____

2) Do you have at least 6 months of customer service experience? ☐ Yes ☐ No

If yes, what is the name of your last employer? _____

3) Do you have a valid driver's license? ☐ Yes ☐ No

If no, do you have a valid government issued ID? ☐ Yes ☐ No

4) If applicable, do you have reliable childcare during the hours of 8 a.m. and 5 p.m.? ☐ Yes ☐ No ☐ Not Applicable

5) Do you have any legal or criminal history that will impact your ability to pass a background check? ☐ Yes ☐ No

6) How did you hear about this scholarship opportunity? ☐ My Doctor or Nurse ☐ Friend or Family Member ☐ Email

☐ Community Website ☐ Social Media Post ☐ Postcard ☐ Community Employee ☐ Other: _____

QUESTIONS

1) Why are you interested in a job with the Community Health Choice Call Center? _____

2) Are you willing to take a basic skills assessment? ☐ Yes ☐ No

Applicant Name (Print) _____

Applicant Signature _____ Date ____ / ____ / ____

FOR OFFICE USE ONLY

Health Plan _____

Years of Membership _____

Application Reviewed By _____

Date of Review _____