

Yes, I am sending my resume

Date Sent: _____

STATEMENT OF AGREEMENT

I understand that CAMcare Health Corporation is an Equal Opportunity/Affirmative Action Employer and that all employees shall be selected on the basis of qualification without regard to race, creed, color, religion, sex, age, national origin or handicap. I understand that CAMcare Health Corporation is a Drug Free Workplace.

I understand the information on this application is subject to verification by CAMcare Health Corporation. I hereby grant permission to CAMcare Health Corporation to contact present and previous employers, unless otherwise indicated, and I further authorize my former employers to give any information as to my character and record, including employment date, position and salary. I hereby release from all liability and damages, those individuals or companies who provide such information.

Signature: _____

Date: _____