

List professional licenses you possess. Indicate type of license, number and state:

List any memberships in professional organizations; honors or activities that you feel would enhance your application, excluding those that would indicate age, race, color, religion, military status, gender preference, sex, marital status, national origin, or disability.

List languages spoken other than English:

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc.:

In case of emergency, notify:

Relationship:

Out of state contact, if possible

Relationship:

PREVIOUS EMPLOYMENT

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities:

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities:

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

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, explain

REFERENCES*Please list three professional references.*

Full Name

Relationship

Company

Phone

Address

Full Name

Relationship

Company

Phone

Address

Full Name

Relationship

Company

Phone

Address

DISCLAIMER AND SIGNATURE

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I, or the facility, will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment, which is specific as to all material terms and is signed by me and the Administrator of the facility.
- I understand, if I am an unlicensed person who has direct patient contact, that the agency will perform a criminal history check per State Regulations.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

Signature

Date