

Employment History

Please provide all employment information for your past three employers or for the past 10 years, starting with the most recent.

#1 Employer Name

Position Held/Job Title

Supervisor's Name

Supervisor's Job Title

Company Address

City

State

Zip

Company Phone Number

Dates of Employment

Wage

Job Summary

Reason for Leaving

#2 Employer Name

Position Held/Job Title

Supervisor's Name

Supervisor's Job Title

Company Address

City

State

Zip

Company Phone Number

Dates of Employment

Wage

Job Summary

Reason for Leaving

#3 Employer Name

Position Held/Job Title

Supervisor's Name

Supervisor's Job Title

Company Address

City

State

Zip

Company Phone Number

Dates of Employment

Wage

Job Summary

Reason for Leaving

Other Skills and Qualifications

Please summarize any job-related skills, certifications, languages, etc.

Licensure Information

Type of License

License Number

Issuing State

Type of License

License Number

Issuing State

Have you had: (Please check any/all that apply)

Any voluntary and/or involuntary relinquishment of your license or registration? Yes No

Any voluntary and/or involuntary termination of medical staff membership at another organization? Yes No

Any voluntary and/or involuntary limitation, reduction, or loss of clinical privileges? Yes No

Any professional liability actions that resulted in a final judgement against you? Yes No

If you answered yes to any of these questions, please explain.

Education History

List school name and location, graduation date, course of study, and degree earned

	Location	Graduation Date	Course of Study	Degree Earned
High School				
College/Technical				
Graduate School				
Other				

References

List 3 references, including names, phone numbers, email, and years known. Do not include relatives.



By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize the employer to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or educational history or my character, to provide the employer with all requested information and references, and to cooperate fully with the investigation of my character and qualifications.

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I give permission to all current or previous employers and/or managers to discuss my personal and employment history with the employer, consent to the release of such information, and release them from all liability and all claims based upon any statements or information they provide.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one with the employer has the authority to make oral contracts of employment. If hired, my employment relationship is terminable at-will, with or without cause, by either myself or the employer.

I also understand that any offer of employment may be conditional upon my passing a background check and drug/alcohol test administered by a health care professional selected by the employer, to which I hereby consent.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature

Date