

Employee Application

General

List any foreign languages you speak and check your level of familiarity:

_____ Speak some Speak fluently Read Write
_____ Speak some Speak fluently Read Write

Have you ever had any professional license or certification placed under investigation, revoked, disciplined, or suspended? Yes No If yes, explain: _____

Professional License #: _____ Professional License #: _____

Have you ever been convicted of a felony within the last five years? Yes No
If yes, explain (this will not necessarily exclude you from consideration): _____

Military

U.S. Military Service: **Branch:** _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References-

Please list **two** individuals that you have worked with in the health care field.

Name _____ Work Phone _____
Company _____ Title _____
Address _____
City _____ State _____ Zip _____

Name _____ Work Phone _____
Company _____ Title _____
Address _____
City _____ State _____ Zip _____

I authorize investigation of all references and employer listed above to give any and all information Concerning my pervious employment and any information they may have, personal or otherwise, and I Release the company from all liability.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed by agency, falsified statements are grounds for dismissal.

Signature _____ **Date** _____

FOR INTERNAL USE ONLY-----

Interviewer: _____ Date _____

Comments: _____