

Employment History Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.

From(mm/yy) To(mm/yy)	Company	Phone Number ()	Immediate Supervisor
Salary \$	Address	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed
Job Title		Reason for Leaving	

Nature of Duties:

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Nature of Duties:

Professional References (Other than relatives) Give two references who have good knowledge of your work.

Name	Position	Address (Include City/State)	Phone - Work/Home	Yrs known
1.				
2.				

Please review and sign where indicated.

In making application for employment:

I certified that the information in this application is true and complete for all practical purposes. I may be verified by the facility or any affiliate. Should a position be offered and later 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 ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES.

I understand that the facility reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to urinalysis, blood test or search, when requested to do so, may result in termination of my employment.

Compliance with this facility's Substance Abuse Policy is a condition of employment. This clinic requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with clinic policy. Continued employment is also contingent upon compliance with the clinic's Alcohol and Drug Policy.

I agree to immediately disclose to the Company any debarment, suspension, exclusion or other event that makes me ineligible to participate in any Federal health care program, or receive a government contract.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NOT DEFINITE TERM AND THE 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.

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.

I have read and understand these conditions of employment.	Applicants Signature	Date
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Official Use Only:

Referred to _____ Hold for Future Opening Not Qualified References Checked
 Recommended Employment Date _____ By _____

