

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and/or volunteer activities. Account for all periods of unemployment.

Employer	Telephone	Dates Employed		Work performed
	()	From	To	
Address				
Job title	Hourly rate/Salary			
	Starting	Final		
Supervisor				
Reason for leaving				
Employer	Telephone	Dates Employed		Work performed
	()	From	To	
Address				
Job title	Hourly rate/Salary			
	Starting	Final		
Supervisor				
Reason for leaving				

If additional space is needed, please continue on a separate sheet of paper.

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given in this Application for Employment are true and complete to the best of my knowledge. The facility may investigate all statements made in this Application. The facility is required by law to check for any criminal or abuse record. I understand that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired, and civil or criminal penalties in appropriate cases.

In signing this Application I state that I have received a copy of the Job Description for all jobs for which I have applied. I understand that I will be required to fulfill all aspects of any job if I am hired to perform the job. I understand that the failure to fulfill any aspect of the job may result in termination. I also understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment and that a health screening for diseases, such as TB, is required.

I understand that this Application is not a contract of employment; that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the facility is terminable at will; that I have the right to terminate my employment at any time for any reason, and the facility retains the same right. Any changes to this employment relationship must be in writing. I understand that if hired I am required to abide by all rules and regulations of the facility.

Signature of Applicant

Witness

AN EQUAL OPPORTUNITY EMPLOYER

This facility is an equal opportunity employer. Employment decisions are made without regard to age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, disability, status as a disabled Vietnam era veteran, or other category as specified by law.

Facility: _____ Today's Date: _____

New Employee or Change of Employee Information Worksheet

Legal Last Name: _____ Legal First Name: _____

Maiden Name: _____ Prof. License #/State: _____

Middle Initial: _____ EMP#: _____ SS#: _____ DOB: _____

Current Street Address: _____

Current City: _____ Current State: _____ Current Zip: _____

Pursuant to federal law, health care providers are prohibited from employing individuals who have been placed on the OIG Exclusion List maintained by the Attorney General's Office of the United States or the EPLS/SAM List. Employers have a continued obligation to periodically check whether employees have been placed on these lists and must maintain current information regarding the identification of their employees.

Have you ever been known by another legal last name? Y N If so, list all other legal last names:

Do you go by a different first name, other than your legal name? Y N If so, list all other legal first names: _____

Previous States you have worked in: _____

Do you have knowledge of being placed on the OIG Exclusion List? Y N If so, when? _____

Please explain if you answered yes: _____

Have you ever had a professional license subject to suspension or revocation? Please explain: _____

Have you ever voluntarily relinquished your professional license? Please explain: _____

Please read carefully before signing: I certify that the above information provided is true and complete to the best of my knowledge. I understand that the Facility may investigate all statements made in this document and that any false or misleading information I have provided can result in a decision to immediately discharge or lead to civil or criminal penalties as appropriate.

Signature: _____

Date: _____