



**EDUCATION/SKILLS**

School	Name and Address of School	Course of Study	Last year completed	Did you graduate?	List diploma or degree
High			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**Briefly describe other skills or special courses (include special military training, post graduate and nursing).**

**PROFESSIONAL LICENSES/CERTIFICATIONS**

Type:	State:	Date:	Number:
Type:	State:	Date:	Number:
Type:	State:	Date:	Number:

**EMPLOYMENT HISTORY**

Enter information for your last 3 employers – starting with the most recent.

Employer	Duration of Employment From: _____ To: _____
Address (City & State)	Name of Supervisor
Position Title	Phone Number
Reason for Leaving	Starting Salary
If this is your current employer, may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary

Employer	Duration of Employment From: _____ To: _____
Address (City & State)	Name of Supervisor
Position Title	Phone Number
Reason for Leaving	Starting Salary
If this is your current employer, may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary

Employer	Duration of Employment From: _____ To: _____
Address (City & State)	Name of Supervisor
Position Title	Phone Number
Reason for Leaving	Starting Salary
If this is your current employer, may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary

**REFERENCES**

Name	Phone Number
Name	Phone Number
Name	Phone Number

**IMPORTANT – READ BEFORE SIGNING**

I hereby affirm that the information provided on this application (and accompanying resume) is true and correct. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that my employment may be contingent upon successfully passing a medical examination, drug test, and criminal background check.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right.

In the event of employment, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PLEASE ATTACH RESUME'