



**Education and Employment Information**-----

List the last three (3) schools you attended, beginning with the most recent.

Name and Address	# of Years completed	Graduated?	Major/Degree
1.			
2.			
3.			

HAVE YOU HAD A CRIMINAL BACKGROUND CHECK (FINGERPRINTED) IN THE LAST 5 YEARS? Y / N

ARE YOU CPR / FIRST AID CERTIFIED? Y / N EXPIRATION DATE: \_\_\_\_\_

List your last three (3) employers, beginning with the most recent.

Company	Address	Phone #	Supervisor
1.			
2.			
3.			

Salary / Hourly Wage at Last Job: \_\_\_\_\_

Salary Expectations for this position: \_\_\_\_\_

**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 been arrested within the last five years?  Yes  No  
 If yes, explain (this will not necessarily exclude you from consideration): \_\_\_\_\_

**U.S. Military**-----

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**References**-----

Please list **two** individuals that you have worked with, preferably 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 employers listed above to give any and all information Concerning my previous 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: \_\_\_\_\_

\_\_\_\_\_