



## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_  
Last First M

Address \_\_\_\_\_ Home Phone#: \_\_\_\_\_  
Number Street Apt #.

\_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
City State Zip

E-Mail Address: \_\_\_\_\_

How did you hear about this position (If employee referral, please print FULL name of employee clearly)

Please list ALL names you have used in the last 10 years (maiden name, other marriage, etc)

Position you are applying for: \_\_\_\_\_ Date you can start \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ Are you currently employed? \_\_\_\_\_ May we inquire of your employer? \_\_\_\_\_

### PROFESSIONAL CERTIFICATION AND LICENSURE

Please note any certification or licenses that you hold pertinent to the position for which you are applying.  
**You must provide original documents for verification if hired.**

\_\_\_\_\_ Date Received: \_\_\_\_\_

\_\_\_\_\_ Date Received: \_\_\_\_\_

Have you ever been removed from participation as a provider under the Medicaid or Medicare programs? If so, please explain circumstances, dates and action taken to reactivate your status.

### EDUCATION (Complete for last school attended):

Do you have a High School Diploma or Equivalency? \_\_\_\_\_ Yes \_\_\_\_\_ No

College \_\_\_\_\_ Course of Study \_\_\_\_\_

Years Attended From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)

Degree Held or being pursued: \_\_\_\_\_

**You must provide original documents for verification if hired.**

TRADE OR SPECIAL SKILLS/BUSINESS SCHOOLS ATTENDED: (Computer, Secretarial, Mechanical, etc.)

Name of School/Address: \_\_\_\_\_

Dates Attended \_\_\_\_\_ Certification (s): \_\_\_\_\_  
You must provide original documents for verification if hired.

**EMPLOYMENT HISTORY**

Please list your most current jobs first. Please print neatly

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From To

Title or Job Description: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From To

Title or Job Description: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From To

Title or Job Description: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Comments** (The following space is reserved for you to elaborate on any special skills you have or to tell us about any previous experience that you feel will relate to the position you are applying for. You may also use this space to tell us why you feel you would be an asset to our organization and why it would be in our best interest to hire you.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL REFERENCES

Please list 3 people that you have reported to in previous positions.

Name:----- Phone#-----

Address:----- Relationship:-----

Name:----- Phone#-----

Address:----- Relationship:-----

Name:----- Phone#-----

Address:----- Relationship:-----

CRIMINAL BACKGROUND

Have any professional liability suits or claims ever been filed against you? -----

Has any malpractice claim ever results in a settlement or judgment against you? -----

Have you ever had your professional license suspended, revoked or limited in any state? -----

Have you ever voluntarily surrendered your license? -----

If you have answered "yes" to any of the questions above; please describe below.

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*I certify that the facts contained in this application are true to the best of my knowledge and understand that if I am employed, falsified statements on this application will be grounds for dismissal. I authorize investigation of all statements contained herein and the references given to give you any and all information concerning my previous employment and any pertinent information, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that if hired, my employment is for no definite period and may be terminated at any time without prior notice.*

-----  
Signature

-----  
Date

DO NOT WRITE ON THIS PAGE - FOR INTERVIEWER ONLY

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Second Interview date: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HUMAN RESOURCES ONLY

Start Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Wage: \_\_\_\_\_

DOL Classification: \_\_\_\_\_

Hours: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Weekly Hours: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Program: \_\_\_\_\_