



60 Madison Avenue, New York, NY 10010 Telephone: (212) 545-2400 Fax: (212) 807-0250

It is the policy of Community Healthcare Network ("CHN") to provide equal employment opportunity and to treat all qualified employees and qualified applicants for employment without unlawful discrimination as to race, creed, color, national origin, ancestry, sex, age, disability or handicap, marital status, familial status, gender identity, sexual orientation, alien or citizenship status, veteran status, arrest or conviction record status as a victim of domestic violence, stalking and sex offenses, unemployment status or any other characteristic protected by Federal, State or Municipal Law. This policy applies to all terms and conditions of employment, including, but not limited to recruitment, hiring, placement, promotion, compensation, training, leave of absence, upgrading, demotion, downgrading, transfer, lay-off, termination, and all other terms, conditions or privileges of employment.

PLEASE COMPLETE ALL ITEMS ON THIS APPLICATION. PRINT IN INK.

	Pre	ferred	Status		If selected, when can you start?				
Position Desired		FT		Per Diem	_				
		PT		Temporary	Salary Desired				
How did you hear about Community Healthcare Network? Advertisement									
Publication	Own imina	nve		nployment Agenc	Agency Name				
☐ Internet ☐ Employee Referral ☐ Other, please explain									
If employee referral please give name(s)									
Are you related through blood or marriage	o anyone a	t the l	Networl	k?					
☐ Yes ☐ No If yes, please give nam	e (s)								
	1	DEDS	ONAT	DATA					
		PERS		DATA			1		
Name Last			First		MI				
Address Street	Δ1	ot#		ity	State	Zip			
Address	$\Lambda_{ m J}$	JUTT	C	ity	State	Zip			
Cell Phone Number Ho	me Teleph	one N	Jumber		Business Telephone Number				
Personal Email Address Second Email Address									
Are you lawfully authorized to work in the	United Sta	tes?		Yes	No				
Are you lawfully authorized to work in the United States? Yes No									
Furnishing proof of identity and legal au	thority to	work	in the l	United States is a	condition of employment.				
	·								
Have you ever been employed at Community Healthcare Network or its predecessor, CFPC?									
If we sive details / maritim (a)									
If yes, give date(s) / position(s)									
ONLY answer the following two questions if your position requires driving:									
1 De ven hans a summet valid lieuwe to anauste namuskiele 2									
1. Do you have a current valid license to operate your vehicle? ☐ Yes ☐ No									
2. In the past five (5) years is there anything in your driving record that would render you to be an unsafe driver? Yes No									

EMPLOYMENT HISTORY

Provide a complete and accurate record of your employment during the last 15 years, beginning with your most recent position:

(1) Employer's Name and Address	Job Title			PT	From:		То:	•
Tel. No (Area Code)				FT Current	Mo. Y Last Supe		Mo. Name	Yr.
, ,								
Duties Performed								
May we check this reference? □ Yes □ No If no, please explain.								
Reason for Leaving	Reason for Leaving							
(2) Employer's Name and Address	Job Title			PT FT	From: Mo.		То: Мо.	Yr.
Tel. No (Area Code)			'		pervisor's	Name		
Duties Performed								
May we check this reference? ☐ Yes ☐ No	o If no, please ex	xplain.						
Reason for Leaving	,	•						
(3) Employer's Name and Address	Job Title			PT	From:		To:	
				FT			Mo.	Yr.
Tel. No (Area Code) Last Supervisor's Name								
Duties Performed								
May we check this reference? ☐ Yes ☐ No	o If no, please ex	plain.						
Reason for Leaving	. •	•						
If you have had more than 3 employers within the past 15 years, please list on a separate sheet of paper. You may also explain any gaps in employment and include any relevant employment experience prior to the last 15 years.								
1	EDUCATION A	ND TRAINI	NG					
Name and Complete Address of Schools Attended	Type of Degree/	Diploma	Major/Mine	or		Did You	Gradu	ate?
High School						□ Yes		No
College								
If more than one, please list on a separate page.						□ Yes		No
Graduate Graduate								
						□ Yes		No
Other Training or Education								
						□ Yes		No
PROFESSIONAL LICENSES/CERTIFICATIONS/REGISTRATIONS								
Are You Currently	Eligible for					•		
□ Registered □ Licensed □ Certified Type State Issued		☐ Registration ☐ Licensure License No. ☐ Permir			Permit N	☐ Certification it No.		
☐ CPR Certificate Date		☐ Other Certificate, specify						

SKILLS

Computer Knowledge	□ Yes	□ No	<u> </u>	Medical Records (EMR) Medical Data Technology	Yes □ No □ Yes □ No
Specify			Specify		
		s and/or professional	AL REFERENCE acquaintances not related to	you (other than those listed	previously) who
can provide first-hand l			and abilities. TELEPHONE NO.	EMAIL ADDRESS	VEADC
NAME	RELATIONSHIP TO YOU	TITLE	(Include area code)	EMAIL ADDRESS	YEARS KNOWN
CA	AREFULLY READ A	ND INITIAL THE	SE STATEMENTS PRIOR	TO SIGNING BELOW	
					ittad ora trua and
			ed in this application and any ny materially false or misle		
			om further consideration for 6		
dismissal from employs					•
					INITIALS
"I agree to immediately	y notify CHN if I am	charged with or conv	victed of any crime (other tha	n a minor traffic infraction)	after receiving
conditional job offer an				,	C
					INITIALS
"I have all the licenses	and professional certif	ications listed in the	job announcement, job advert	tisement, job description or t	hat are necessar
to perform the job(s) fo			jos announcement, jos adver	isoment, job description of t	and the heeessur
					INITIALS
"I authorize the investi	gation of all statement	es contained in this a	pplication, accompanying res	uma (if any) or statements	mada during an
interviews. I further a give CHN or any other	uthorize any person, so entity acting on its be	chool, current emplo half any and all info	yer (except as expressly note rmation they may have, perso furnishing of such information	d), past employer(s), and/or onal or otherwise about me.	organizations to
parties from all maonies	Tor any damages that	may result from the r	dimining of such miorination		INITIALS
44T 1 4 1.1 4 201		1 1 .		tot of to de-	CI.
			engage in other business activations of CHN in advance of		
			nd that failure to do so may be		or employment.
					—— INITIALS
regulations of CHN. I and with or without not	acknowledge that my tice, at the option of m	employment is const yself or CHN. I furt	oyment, I understand that I videred "at-will" and may be the runderstand that only CHN in "at-will" nature of my em	erminated at any time with I's President has the authorit	or without cause by to enter into ar
			ned by CHN's President in ord		8
					INITIALS
"If extended an offer of	f amployment I conse	nt to undergo a mand	latory pre-placement health as	esassment/avaluation by a ha	alth professional
including screenings fo	r infectious disease im employees and patient	munity. Due to the r	nature of the services provided ny employment offer is condi	l by CHN and its commitme	nt to ensuring the
-					INITIALS
Signature		Print Nam	ne	Date	

Explanations/Other Employment History							
_							