

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	<input type="checkbox"/> PT	From:	To:
		<input type="checkbox"/> FT	Mo. Yr.	Mo. Yr.
Tel. No (Area Code)			Current/Last Supervisor's Name	
Duties Performed _____				
May we check this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.				
Reason for Leaving				
(2) Employer's Name and Address	Job Title	<input type="checkbox"/> PT	From:	To:
		<input type="checkbox"/> FT	Mo. Yr.	Mo. Yr.
Tel. No (Area Code)			Last Supervisor's Name	
Duties Performed _____				
May we check this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.				
Reason for Leaving				
(3) Employer's Name and Address	Job Title	<input type="checkbox"/> PT	From:	To:
		<input type="checkbox"/> FT	Mo. Yr.	Mo. Yr.
Tel. No (Area Code)			Last Supervisor's Name	
Duties Performed _____				
May we check this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.				
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.

EDUCATION AND TRAINING

Name and Complete Address of Schools Attended	Type of Degree/Diploma	Major/Minor	Did You Graduate?
High School _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
College _____ <i>If more than one, please list on a separate page.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Training or Education _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL LICENSES/CERTIFICATIONS/REGISTRATIONS

Are You Currently <input type="checkbox"/> Registered <input type="checkbox"/> Licensed <input type="checkbox"/> Certified	Eligible for <input type="checkbox"/> Registration <input type="checkbox"/> Licensure <input type="checkbox"/> Certification
Type _____ State Issued _____	License No. _____ Permit No. _____
<input type="checkbox"/> CPR Certificate Date _____	<input type="checkbox"/> Other Certificate, specify _____

SKILLS

Computer Knowledge <input type="checkbox"/> Yes <input type="checkbox"/> No Specify _____	Knowledge of Electronic Medical Records (EMR) <input type="checkbox"/> Yes <input type="checkbox"/> No Knowledge of Any Other Medical Data Technology <input type="checkbox"/> Yes <input type="checkbox"/> No Specify _____
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PERSONAL REFERENCE

List current and former co-workers, colleagues and/or professional acquaintances **not related** to you (other than those listed previously) who can provide first-hand knowledge of your integrity, qualifications and abilities.

NAME	RELATIONSHIP TO YOU	TITLE	TELEPHONE NO. (Include area code)	EMAIL ADDRESS	YEARS KNOWN

CAREFULLY READ AND INITIAL THESE STATEMENTS PRIOR TO SIGNING BELOW

“I declare, as if under penalty of perjury, that the answers contained in this application and any other materials I have submitted are true and complete to the best of my knowledge. I understand that any materially false or misleading information or omissions, including misstatements made during any interviews, will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.”

_____ INITIALS

“I agree to immediately notify CHN if I am charged with or convicted of any crime (other than a minor traffic infraction) after receiving a conditional job offer and, if hired, during the entire period of my employment.”

_____ INITIALS

“I have all the licenses and professional certifications listed in the job announcement, job advertisement, job description or that are necessary to perform the job(s) for which I am applying.”

_____ INITIALS

“I authorize the investigation of all statements contained in this application, accompanying resume (if any), or statements made during any interviews. I further authorize any person, school, current employer (except as expressly noted), past employer(s), and/or organizations to give CHN or any other entity acting on its behalf any and all information they may have, personal or otherwise about me. I release all such parties from all liability for any damages that may result from the furnishing of such information or opinion to CHN.”

_____ INITIALS

“I understand that, if hired, I may not hold other employment or engage in other business activities, or any activity that creates a conflict of interest with my position at CHN unless permission is given in writing by CHN in advance of engaging in said activities or employment. I understand that it is my obligation to obtain advance permission and that failure to do so may be grounds for my dismissal.”

_____ INITIALS

“If I become employed, in consideration of my continued employment, I understand that I will be expected to conform to the rules and regulations of CHN. I acknowledge that my employment is considered “at-will” and may be terminated at any time with or without cause, and with or without notice, at the option of myself or CHN. I further understand that only CHN’s President has the authority to enter into an employment agreement for a specified period of time, change the “at-will” nature of my employment, or make any promises relating to employment, and that any such agreement must be written and signed by CHN’s President in order to be effective.”

_____ INITIALS

“If extended an offer of employment, I consent to undergo a mandatory pre-placement health assessment/evaluation by a health professional, including screenings for infectious disease immunity. Due to the nature of the services provided by CHN and its commitment to ensuring the health and safety of its employees and patients, I understand that any employment offer is conditioned upon CHN’s satisfactory review of the results of this post-offer examination.”

_____ INITIALS

Signature

Print Name

Date

