

# NEW EMPLOYEE APPLICATION

<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>PHONE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	
<b>WORK EXPERIENCE:</b>	<i>Please provide resume that includes your education, degrees held, special qualifications, special skills and past five years of work history</i>

Are you a citizen of the United States <u>and</u> can provide proper documentation?	YES	NO
Are you authorized to work in the United States <u>and</u> can provide proper documentation?	YES	NO
Have you ever been convicted of a felony?	YES	NO
If yes, please explain:		

## REFERENCES

Please provide the contact details for three persons NOT related to you who have worked with you.

Name:	Phone number	Email	Where and When did you work together?

*We are an equal opportunity employer and comply with all applicable Federal, State and Local laws concerning discrimination in employment. No questions asked on this application is intended to elicit information in violation of any such laws nor will any information obtained be used in violation of such laws.*

### Authorization

*I have read and understand above. I understand that my employer will conduct a background check and/or drug-alcohol screening after I receive a conditional offer of employment. When I receive my conditional offer of employment I will provide my social security number and proof of citizenship when requested. Applicants will receive additional information about the foregoing. I understand that I will be caring for patients and need to conduct myself professionally at all times. My employment is conditioned upon periodic background checks and/or drug-alcohol screenings conducted on a regular basis.*

### Acknowledgement

*I certify this employment application was completed by me. All information I provided is true and complete to the best of my knowledge. I authorize the references I listed in my application to provide any and all information regarding my previous employment. I release and hold harmless all persons and parties from all liability and damages resulting from releasing such information to employees, agents or representatives my employer. I understand falsifying or omitting information on my application or during my interview may include failure to receive an offer of employment or after I am hired; demotion, suspension without pay or termination of employment.*

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