



APPLICATION FOR EMPLOYMENT

All qualified applicants will receive consideration for employment regardless of race, color religion, sex, age, sexual orientation, national origin or disability.

All offers of employment are contingent on a successful criminal background check, reference check, education verification, and passing an employee drug screen. CorrectHealth is a certified Drug-Free Workplace and reserves the right to participate in random drug testing.

This application must be hand printed or typed, you must SIGN AND DATE your application in ink.

PERSONAL DATA

Social Security Number

Name Last First Middle

Address Number Street City State Zip Code

Telephone Area Code Cell Phone/ Other Area Code E Mail Address

Are you currently employed? YES NO

Position for which I'm applying: _____ Full Time Part Time

Can you travel if a job requires it? YES NO Do you have a valid drivers license? YES NO

Have you ever been convicted of a felony or misdemeanor where disposition was a conviction, a plea of nolo contendere (no contest), or first offender treatment? YES NO

If YES, please explain in detail: _____

Have you ever had a professional license revoked, reviewed, suspended or limited in any way?

YES NO If Yes, please explain: _____

Have you ever been dismissed or asked to resign from any job? YES NO

If YES, please explain in detail: _____

Please provide the name, address and telephone number of three professional references (Note, lack of current information will slow and/or eliminate the employment process).

Name Company Address Phone Area Code Relationship

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EMPLOYMENT EXPERIENCE

Please list beginning with your present or most recent job. Include military service assignment and volunteer activities. If additional space is needed, please continue on a separate sheet of paper and attach.

Note: YOU MAY NOT SUBMIT A RESUME IN LIEU OF COMPLETING THIS WORK HISTORY

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Reason for Leaving			
2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Reason for Leaving			
3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Reason for Leaving			
4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Reason for Leaving			

Special Skills, Licenses, Registration or Certifications and any Qualifications (including language skills, typing skills, and business equipment or machine operating skills) We only accept CPR/BLS/ACLS from the American Heart Association.

Areas of your position(s) which you have liked most and why: _____

Areas of your position(s) which you have liked least and why: _____

EDUCATION

	Elementary	High School	College/ University	Graduate/ Professional	EMT/ Paramedic Nursing School
School Name					
Address					
City, State, Zip					
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/ Degree					
Describe course of study					
Describe specialized training, skills extra-curricular activities					

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered a sufficient cause for dismissal. CorrectHealth - , is hereby authorized to make any investigation of my prior educational work and criminal histories. By signing this application I indicate an understanding that my ability to work is contingent on security clearance at the designated facility.

AUTHORIZATION TO RELEASE INFORMATION

I have made application for employment with CorrectHealth - . I authorize my former employers to give any information regarding my employment and/ or any information they have regarding me, whether or not it is on their records. I hereby release them from any damages whatsoever for issuing the same.

May we contact your present employer? YES NO

You must sign this Certification and Agreement and Authorization to Release Information Form to enable us to confirm information and contact prior employers, even though we may not contact your present employer.

Signature

Date