



**EMPLOYMENT HISTORY**

Starting with your most recent employer, assignments or volunteer activities provide the following information.

From (Month/Year)	To (Month/Year)	Employer	Telephone # ( )
Starting job title/ Final job title	Street Address	City	State
Immediate Supervisor and Title	State the nature of work performed and job responsibilities		
May we contact for reference? ___Yes ___No ___ later	Compensation _____ hourly Starting salary	_____Salary Final salary	
Reason for leaving			

From (Month/Year)	To (Month/Year)	Employer	Telephone ( )
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May we contact for reference? ___Yes ___No ___ later	Compensation _____ hourly Starting salary	_____Salary Final salary	
Reason for leaving			

**SKILLS AND QUALIFICATIONS**

\_\_\_\_CNA    \_\_\_\_CMA    \_\_\_\_LPN    \_\_\_\_RN    \_\_\_\_College Degree    \_\_\_\_Other  
 Summarize any training, skill, licenses and/ or certificated that may qualify you as being able to perform job-related functions in the position for which you are applying.

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**Educational Background**

School (Include City and State)	Number of years Completed	Course of Study	Level of Completion

I was referred to this facility by:  
 \_\_\_\_\_

**REFERENCES**

Name	Title	Relationship	Telephone #	Number of Years known
			( )	
			( )	
			( )	

# APPLICANT STATEMENT

**I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IN ORDER TO APPLY FOR AND SECURE WORK WITH THE EMPLOYER IS TRUE, COMPLETE AND CORRECT.**

I authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may required by law. This application does not constitute a contract or agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreement contrary on the foregoing express language are valid unless they are in writing and signed by the employer's administrator.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I am requested to give a 2 weeks written notice after I am hired & have successfully completed my introductory period. Management positions are requested to give 4 weeks written notice.

I hereby waive any and all rights and claims I may have regarding all individuals, corporations or organizations for furnishing information about me to Attica Hospital District 1.

**Do not sign until you have read the above statement.**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement**

**Signature of Applicant:** \_\_\_\_\_

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