

EMPLOYMENT HISTORY

Have you ever been fired from a job or been allowed to resign in lieu of being fired? Yes _____ No _____

If yes, please explain:

Please list all previous employers in chronological order beginning with your most recent employment:

Company Name _____ Business Type _____
Address _____ Business Phone _____
City _____ State _____ Zip Code _____
Is this your current employer? Yes _____ No _____
Start Date _____ End Date _____ Ending Salary \$ _____
Your Position _____ Name of Supervisor _____
Reason for leaving _____
May we contact this employer? Yes _____ No _____ If no, why _____

Company Name _____ Business Type _____
Address _____ Business Phone _____
City _____ State _____ Zip Code _____
Is this your current employer? Yes _____ No _____
Start Date _____ End Date _____ Ending Salary \$ _____
Your Position _____ Name of Supervisor _____
Reason for leaving _____
May we contact this employer? Yes _____ No _____ If no, why _____

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Address _____ Business Phone _____
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Your Position _____ Name of Supervisor _____
Reason for leaving _____
May we contact this employer? Yes _____ No _____ If no, why _____

PROFESSIONAL LICENSURE/REGISTRATION

State of Registration _____ Registration Expiration Date _____

Professional License Number _____ Has your registration ever been canceled? Yes _____ No _____

If yes, please explain:

MILITARY SERVICE

Have you served in the Armed Forces of the United States? Yes _____ No _____

If yes, what branch? Air Force _____ Army _____ Coast Guard _____ Marine Corps _____ Navy _____

Please provide your dates of military service. From _____ To _____

Are you in a reserve unit? Yes _____ No _____

PERSONAL REFERENCES

(First Name) (Last Name) (Address) (City, State Zip Code) (Area Code & Telephone) (Occupation) (Years Known)

(First Name) (Last Name) (Address) (City, State Zip Code) (Area Code & Telephone) (Occupation) (Years Known)

(First Name) (Last Name) (Address) (City, State Zip Code) (Area Code & Telephone) (Occupation) (Years Known)

SKILLS INVENTORY

CHECK YOUR SKILLS

	EKG Training		Microsoft Word		Excel
	ACLS Certification		Transcription		Power Point
	Treadmill Stress Testing		Calculator		Access

AUTHORIZATION

PLEASE READ CAREFULLY AND ACKNOWLEDGE

I have read the description of Prairie and its mission and values. If employment is offered, I am willing to learn about our care delivery approach and will be committed to supporting the mission, philosophy, and goals of Prairie.

I consent to any criminal background check as a condition of employment. I also understand that Prairie has a no-smoking policy at all of its facilities and I agree to comply with its requirements.

I understand and acknowledge that my employment is at-will, which means that either I or the employer may terminate employment at any time and for any reason with or without notice. I also understand that no one has the authority to enter into any agreement contrary to the preceding sentence except for a written agreement signed by the President and notarized.

I hereby affirm that the information contained in this application (and resume, if any) is accurate and complete and I understand that any false or misleading information or omissions will disqualify me from employment consideration or result in termination of employment, regardless of when discovered.

I hereby authorize the employer to: (1) investigate all statements contained in this application; (2) contact my former employers and other listed references or any other persons who can provide information relative to my employment consideration; (3) contact any persons or entities regarding my employment application; and (4) make any other inquiries that the employer deems relevant in arriving at a decision regarding my employment. I consent to any contacted person, including former employers, to provide information about me and I covenant not to sue any such person for information provided about me.

By entering my name in the blank below, I certify that I have read all of the above information and agree to all of the terms of this application.

Name _____ Date _____