



## ADDITIONAL INFORMATION

Are you a Veteran of U.S. Military Service?    YES    NO  
 Have you ever been convicted of a felony?    YES    NO  
 Have you ever been convicted of health care fraud or abuse?    YES    NO  
 Are there any felony charges pending against you?    YES    NO  
 You will not be denied employment solely because of a conviction record unless the offense is related to the position for which you have applied or there is a legitimate safety concern due to the nature of our services.

## EMPLOYMENT HISTORY

List below all former employers, beginning with the most recent. Include extra sheet for additional employment, if needed.  
 Please do not use statement "See Resume". However, attach resume if available.

Employer:			Position:		
Address:			City/State:	ZIP	
From (mo./yr.)		To (mo./yr.)	Supervisor:		Telephone
Starting Salary:	Ending Salary:	Hours per week:	If currently employed, O.K. to check references?    Yes    No		
Reason for Leaving:    Resigned (please explain)    Discharged (please explain)			Indicate if employed under different name:		
Employer:			Position:		
Address:			City/State	ZIP	
From (mo./yr.)		To (mo./yr.)	Supervisor:		Telephone
Starting Salary:	Ending Salary:	Hours per week	Indicate if employed under different name:		
Reason for Leaving:    Resigned (please explain)    Discharged (please explain)			Indicate if employed under different name:		
Employer:			Position:		
Address:			City/State	ZIP	
From (mo./yr.)		To (mo./yr.)	Supervisor:		Telephone
Starting Salary:	Ending Salary:	Hours per week	Indicate if employed under different name:		
Reason for Leaving:    Resigned (please explain)    Discharged (please explain)			Indicate if employed under different name:		

## REFERENCES

Name:	Relationship:	Contact Phone Number:
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## ACKNOWLEDGMENT

I grant permission to Physicians Hospital System to investigate my prior employment/references and release the organization from any and all liability resulting from such investigation. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal from the organization if I have been employed. I also understand that an offer of employment will be subject to the results of a criminal history check, a check for exclusion or debarment from any federally or state funded health care program, a check for convictions for health care fraud and abuse, and an employment health assessment including a drug screen, which by signing below I grant permission to do such. I hereby certify that I have not been debarred or excluded from participation in Medicare, Medicaid or any other federally or state funded health care programs and have not been convicted of a health care related criminal offense. I understand that the organization offers no employment contracts or guarantees of minimum length of employment, and that my employment can be terminated with or without cause, and with or without notice, at any time at the option of either the organization or myself. I understand my application will remain active for 90 days. **We are an equal opportunity employer.**

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