

PRIOR WORK RECORD (Start with most recent or present employer and complete in full.)

1. Name and Address of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Date Left
Job Title & Duties		Rate of Pay
Reason for Leaving	May we contact this employe ___Yes ___No	
2. Name and Address of Former Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Date Left
Job Title & Duties		Rate of Pay
Reason for Leaving	May we contact this employe ___Yes ___No	
3. Name and Address of Former Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Date Left
Job Title & Duties		Rate of Pay
Reason for Leaving	May we contact this employe ___Yes ___No	

In what areas of the Health Care Facility have you worked? O.B. _____ I.C.U. _____ Skilled Unit _____ Med/Surg. _____

PROFESSIONAL AFFILIATIONS:

In which state are you registered? Give Dates: _____

Kentucky Registration Number: _____

REFERENCES

(Do Not List Relatives or Former Employers)

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

Job Applicant's Agreement and Certification

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies and procedures, in whole or in part, at any time.

If an offer of employment is made and, because of a physical or mental disability, you will need an accommodation to perform any essential job function, please make that fact known to the individual processing your application.

If an offer of employment is made, I agree to submit to a medical examination, including a drug test, and understand that my subsequent employment will be contingent on the results of the medical examination and drug test.

I understand that the examining physician may ask questions regarding my current health condition, health history, health insurance claim and Workers Compensation claim history, and that all such information will be retained by the examining physician in his/her confidential medical files, to be released only in accordance with federal and state law.

I also understand that falsification of any such information that I furnish could result in termination of my employment, if hired.

I understand that this application will be kept on active file for one (1) year from the date completed, after which time I would have to reapply in accordance with established company procedures.

Signature

Date