

COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)

****Must be from a recognized accredited school - Bring original transcript with initial application****

Names and Locations of School(s)	Dates Attended (Mo & Yr)		Credit Hours		Type of Degree Earned (e.g.BA/BS)	Major	Minor
	From	To	Semester	OR Quarter			

RELATED LICENSES (provide current original)

Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date

EMPLOYMENT HISTORY

May we contact your present employer? YES NO

1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)
	Name & Title of Immediate Supervisor		Telephone Number
Reason for Leaving			
Title of Position Held			
Describe job responsibilities:			
2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)
	Name & Title of Immediate Supervisor		Telephone Number
Reason for Leaving			
Title of Position Held			
Describe job responsibilities:			
3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)
	Name & Title of Immediate Supervisor		Telephone Number
Reason for Leaving			
Title of Position Held			
Describe job responsibilities:			

4	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
Name & Title of Immediate Supervisor		Telephone Number		
Reason for Leaving				
Title of Position Held				
Describe job responsibilities:				

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give FIELDVIEW HEALTHCARE, INC. the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to the FIELDVIEW HEALTHCARE, INC. by schools and other education institutions that I have attended.

I understand that the completion of this application does not assure me of a position with the FIELDVIEW HEALTHCARE, INC. and does not obligate FIELDVIEW HEALTHCARE, INC. to me in any way. **I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal.** I understand that FIELDVIEW HEALTHCARE, INC. promotes a drug-free working environment and that any offer of employment is conditioned upon me undergoing and passing a pre-employment drug test, subject to applicable federal, state, and local laws. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. FIELDVIEW HEALTHCARE, INC. is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

I understand that this application, exam documents and attachments become a part of FIELDVIEW HEALTHCARE, INC., records and will not be returned, reused or copied for me once submitted.

By my signature, I certify, authorize and acknowledge the above statements.

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Signature

Date

Social Security Number

(Unsigned applications will not be considered)