

Clinical License or Board Registration number _____ State _____ Exp Date _____
 _____ State _____ Exp Date _____

EMPLOYMENT HISTORY:

(Complete in addition to resume)

Month/Year	Employer's Name ----- Address	Supervisor's Name ----- Telephone	Position ----- Reason for Leaving	OK to Check Refer- ences?
From /	-----	-----	-----	Y []
To /				N []
From /	-----	-----	-----	Y []
To /				N []
From /	-----	-----	-----	Y []
To /				N []
From /	-----	-----	-----	Y []
To /				N []
From /	-----	-----	-----	Y []
To /				N []

COMMENTS: (including explanation of any gaps in employment)

List any additional information you would like us to consider:

APPLICANT STATEMENT

I certify that all facts contained in the application are true and complete and acknowledge that Employer is relying on the accuracy of the information provided. It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary. I have read the job description and physical job requirements for the position for which I am applying and I believe I can perform all job duties as described. I understand I should notify the interviewer if I need assistance in completing the application process.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information. I authorize former employers and other institutions listed to release information concerning me to Employer. I also authorize Employer to provide information about me in response to inquiries subsequent to my employment if hired.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to complete a new application.

Signature of Applicant: _____ Date _____