

Name: _____ **Date:** _____
Address: _____ **Primary Phone #:** _____
City: _____ **State:** _____ **Zip:** _____
Email: _____

Position(s) Applying For: _____ Full Time Part Time PRN
Location: _____ **Desired Salary:** _____ **Available Date:** _____

Are you under the age of 18? Yes No **If yes, date of birth:** _____

Have you ever worked for Our Company? Yes No **If yes, give dates:** _____

Name during previous employment (if different): _____ **Reason for Leaving:** _____

If you are applying for a position which requires you to drive an automobile as part of your job, please provide your driver's license number and state of issue:

Number: _____ **State of Issue:** _____

Are you eligible to work in the United States? Yes No

List all convictions and pleas of nolo contendere or no contest for any offense or violation (including felony, misdemeanor, or municipal ordinance) other than minor traffic violations, and include all pending criminal charges:
No applicant will be denied a position because of a pending criminal charge or conviction for (or plea of nolo contendere or no contest to) an offense or violation (whether criminal or otherwise), which Chambers Health determines is not substantially related to the circumstances of the job(s) sought.

EDUCATION

Type of School	Name of School and Complete Mailing Address	Completed	Major or Degree
High School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College or Trade School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Professional School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other Training		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please list any academic honors you have received which you believe relate to the position you are applying for:

PREVIOUS EMPLOYMENT

Name of Employer: _____ Start Date: _____
Name of Supervisor: _____ End Date: _____
Complete Address: _____ Start Salary: _____
Last Job Title: _____ End Salary: _____
Phone Number: _____
Reason for Leaving (Be Specific): _____

May we contact this employer? Yes No

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Name of Employer: _____ Start Date: _____
Name of Supervisor: _____ End Date: _____
Complete Address: _____ Start Salary: _____
Last Job Title: _____ End Salary: _____
Phone Number: _____
Reason for Leaving (Be Specific): _____

May we contact this employer? Yes No

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Name of Employer: _____ Start Date: _____
Name of Supervisor: _____ End Date: _____
Complete Address: _____ Start Salary: _____
Last Job Title: _____ End Salary: _____
Phone Number: _____
Reason for Leaving (Be Specific): _____

May we contact this employer? Yes No

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

All Applicants – please list any additional experiences, skills and qualifications which you believe relate to the job(s) for which you are applying

REFERENCES:

Please list at least **3** references, other than relatives and previous employers, whom you have known for at least 1 year

<p>Name: _____</p> <p>Position: _____</p> <p>Company: _____</p> <p>Telephone: _____</p>	<p>Name: _____</p> <p>Position: _____</p> <p>Company: _____</p> <p>Telephone: _____</p>
<p>Name: _____</p> <p>Position: _____</p> <p>Company: _____</p> <p>Telephone: _____</p>	<p>Name: _____</p> <p>Position: _____</p> <p>Company: _____</p> <p>Telephone: _____</p>

READ, UNDERSTAND, SIGN AND DATE IF YOU AGREE

Chambers Health is an equal opportunity employer and will consider all applicants equally without regard to race, religion, color, sex, age, national origin, genetics, military status, or disability as provided in the Americans with Disabilities Act. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. I certify that the facts set forth in this application are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

I hereby release Chambers Health from all liability, all representatives of Chambers Health for their acts performed in connection with evaluating my application, background, credentials and qualifications. I hereby further authorize any party (including the companies, schools and organizations listed in this application form) to release any information they may have about me to Chambers Health, including all my personnel records with prior employers. I also release all persons, companies, schools and organizations (and all persons connected with them) who provide such information to Chambers Health from any and all liability for any damage for giving this information. I understand that if any information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentation or omissions of any kind whatsoever, then Chambers Health may deny me employment or terminate my employment, and I agree that Chambers Health shall not be liable in any respect if it does so.

I also understand that my employment at Chambers Health is contingent upon the satisfactory completion of a physical examination which may include a drug screen, a criminal background check, and an investigation of my work record and references. I consent to a pre-employment physical examination and such future examinations as may be required by Chambers Health, which may include drug screens as required.

I understand that if I am employed by Chambers Health, any such employment is not binding on either party for any specific period of time. I further understand that no representative of Chambers Health, other than a Partner, has any authority to enter into any agreement for employment for any specific period of time. Any such agreement must be in writing and signed by the Board of Directors. I understand that any other written or oral statement to the contrary, even if made by a supervisor, manager or officer of Chambers Health is invalid and should not be relied on by me. I understand that if employed I will be an employee-at-will and that either Chambers Health or I may terminate that employment relationship at any time, for any reason, with or without notice.

Applicant Name <i>(Please Print)</i>	Applicant Signature	Date

AUTHORIZATION FOR REFERENCE CHECK

I am applying for employment with Chambers Health. I hereby authorize any and all persons (including any and all employers with whom I have been employed, schools that I have attended and organizations with which I have been connected) to release any and all information that have about me to Chambers Health. This includes all of my personnel records with prior employers and any information about my performance during my employment with them and also includes all of my transcripts from any schools that I have attended. I hereby release all persons, companies, schools and organizations (and all persons connected with them) who provide such information to Chambers Health from any and all liability for any damage for giving this information.

This Authorization shall remain in effect for a period of one (1) year from the date on which I sign it. A photocopy of this Authorization may be used by Chambers Health and shall be as effective as the original.

Applicant Name *(Please Print)*

Applicant Signature

Date

CONSUMER CREDIT REPORT AUTHORIZATION

In order to consider your application for employment (or promotion), The Company may request that a consumer credit report, as that term is defined in the Fair Credit Reporting Act (15 U.S.C. 51681a), be prepared. Your written authorization, indicated by your signature below, will grant the Corporation authority to obtain such a consumer credit report. As it is necessary to consider this information for employment purposes, if you choose not to grant this authorization, we will be unable to process your application further.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE FOREGOING AND UNDERSTANDING THIS DISCLOSURE AND AGREE TO GRANT THE COMPANY AND ITS EMPLOYEES OR AGENTS, AUTHORITY TO OBTAIN A CONSUMER CREDIT REPORT IN ORDER TO PROCESS MY EMPLOYMENT APPLICATION.

Applicant Name *(Please Print)*

Applicant Signature

Date