

EMPLOYMENT HISTORY

CHECK HERE IF NO WORK EXPERIENCE

DO NOT LEAVE ANY SECTIONS BLANK. IF NOT APPLICABLE, WRITE "N/A"

Start with your present or last job. Include any military service assignments.

Employer	Dates Employed		Work Performed
Address City State	From	To	
Phone			
Job Title			
Supervisor	Hourly Rate / Salary		
Reason for Leaving	starting	final	
May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later			
Employer	Dates Employed		Work Performed
Address City State	From	To	
Phone			
Job Title			
Supervisor	Hourly Rate / Salary		
Reason for Leaving	starting	final	
May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later			
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Employer	Dates Employed		Work Performed
Address City State	From	To	
Phone			
Job Title			
Supervisor	Hourly Rate / Salary		
Reason for Leaving	starting	final	
May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later			

COMMENTS

Include explanation of any gaps in employment dates: _____

SPECIALIZED SKILLS

Are you currently licensed in Tennessee as a health care professional (RN, LPN, MLT, etc.)? * yes * no
If yes, list profession, license # and expiration date:
Are you currently certified as a Nurse Aide in Tennessee? * yes * no Have you ever been certified? * yes * no
Are you currently certified in any of the following? (check all that apply)
* BLS * ACLS * PALS * Other _____
Do you have a valid Tennessee driver's license if required for the position? * yes * no
List any additional courses, certifications, or special skills which you feel may be helpful to us in considering your application:

EDUCATION

School	Name and Location of School	Course of Study	Years Attended from/to	Diploma / Degree type earned
High School				
College or Vocational School				
Graduate				
Other (Specify)				

PROFESSIONAL / PERSONAL REFERENCES *(Do not include family members)*

Name	Occupation	Relationship to You	Telephone	# of Years Known
1.				
2.				
3.				

List any additional information you would like us to consider. _____

PLEASE READ THIS SECTION CAREFULLY AND SIGN AT THE BOTTOM

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify the information given by me in this application is true in all respects. I understand and agree that any material misrepresentation or deliberate omission of a fact on this application may be justification for refusal of, or if employed, termination from employment without notice. I understand this is an application for employment and that no contract is being offered.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Rhea Medical Center reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. I understand that no supervisor or representative of Rhea Medical Center is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Administrator/CEO. I understand that Rhea Medical Center may revise or change policies, procedures, wages, benefits, work hours or other conditions at any time.

If hired, I understand that Rhea Medical Center is required to comply with certain applicable federal, state and local laws governing the operations of hospitals and governmental entities, as well as my own professional license requirements, if applicable. I agree to comply with all applicable federal, state and local laws as an employee of Rhea Medical Center.

It is my understanding that Rhea Medical Center will make a thorough investigation of my work history and may verify all data given in my application for employment, related papers or oral interviews. I expressly authorized Rhea Medical Center, its representatives or agents to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me. I hereby waive any and all rights and claims I may have regarding Rhea Medical Center, its representatives, or agents for seeking and using truthful, non-defamatory information in the employment process.

I agree to submit to a drug test prior to beginning work.

Signature of Applicant

Date

