

EMPLOYMENT HISTORY

List three persons who know you well. Do not include relatives or former employees:

NAME	ADDRESS	PHONE	YEARS AQUAINTED WITH YOU

FORMER EMPLOYERS:

List below your work experience, starting with your present or last place of employment

DATE EMPLOYED	NAME & ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	POSITION(S) HELD
From: _____ To: _____	_____ _____	_____	Start : _____ Finish: _____
From: _____ To: _____	_____ _____	_____	Start: _____ Finish: _____
From: _____ To: _____	_____ _____	_____	Start: _____ Finish: _____
From: _____ To: _____	_____ _____	_____	Start: _____ Finish: _____
From: _____ To: _____	_____ _____	_____	Start: _____ Finish: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES NO

(Continued on next page.)

EMPLOYMENT UNDERSTANDING

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin ancestry, Vietnam era veteran status or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on the application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I - 9) and within three days show satisfactory evidence of identity and eligibility for employment.

APPLICANT'S SIGNATURE

DATE

Richard Catalozzi
ADMINISTRATOR

Linda Chasse, LPN
ADMISSIONS COORDINATOR