



Please Print in Ink

Name (last, first, middle initial):	
Current Address: Street City State Zip	Telephone: ()
Permanent Address (if different): Street City State Zip	Telephone: ()

Type of Work for Which You are Applying:	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Per Diem <input type="checkbox"/> Weekend <input type="checkbox"/> Temporary <input type="checkbox"/>
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Available:
Have you ever worked for any Revera facility? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Where and When?	Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, may we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you hear of our company or the position for which you are applying?	

Employment History

Please complete the following section in detail, starting with your present or most recent employer. Account for all time during the last ten years or, if you have worked less than ten years, account for all of the years that you have worked. If necessary, attach your resume or a list of additional positions you have held.

1	Name of Employer:	Supervisor's Name & Title:
Address: Street City State Zip		Telephone:()
Hourly Rate of Pay:	Dates Employed: From: To:	Type of Work Performed:
Reason for Leaving:	May We Contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

2	Name of Employer:	Supervisor's Name & Title:
Address: Street City State Zip		Telephone:()
Hourly Rate of Pay:	Dates Employed: From: To:	Type of Work Performed:
Reason for Leaving:	May We Contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3	Name of Employer:	Supervisor's Name & Title:
Address: Street City State Zip		Telephone:()
Hourly Rate of Pay:	Dates Employed: From: To:	Type of Work Performed:
Reason for Leaving:	May We Contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION

High School	City, State	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Type of Diploma:	Cumulative Grade Average:
Technical or Business School:	City, State	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Type of Degree or Diploma and Major Course of Study:	Cumulative Grade Average:
College or Other:	City, State	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Type of Degree or Diploma and Major Course of Study:	Cumulative Grade Average:

ADDITIONAL INFORMATION

Can you prove that you have a legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever served in the U.S. Military? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, indicate branch of service: Rank at Discharge: _____ Was Discharge Honorable? Yes <input type="checkbox"/> No <input type="checkbox"/> Indicate relevant skills, training or experience acquired: _____	
List any machines/equipment you can operate: _____	
Have you ever been discharged by a previous employer or resigned after being told your performance was unsatisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____	
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____	
<small>(A conviction will not necessarily prohibit employment; factors such as time since the offense was committed, seriousness/nature of the crime and rehabilitation will be taken into consideration.)</small>	
Have you ever been convicted of any of the following offenses: (a) crimes relating to the delivery of service under Medicare or Medicaid? (b) crimes relating to the abuse or neglect of patients in connection with the delivery of healthcare? (c) crimes involving fraud, theft, embezzlement, breach of fiduciary responsibility or other financial care or involving any act or omission in a program financed in whole or in part by any federal, state, or local government? (d) obstruction of justice? (e) crimes relating to the manufacture, distribution, prescription or dispensing of any controlled substance? If you answered yes to any of the above, please explain: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

LICENSURE

(If you have attained a professional license or certification, please complete section below)

Type of License or Certification:		Expiration Date:	
State Number (if applicable):			
1. Are there any present reprimands, conditions, or restrictions placed upon your license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Has your license to practice your profession ever been limited, suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Have you ever been or are you currently under investigation, or involved in any proceeding involving your practice, before any state licensing board?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you answered yes to any of the above, please explain:			

REFERENCES

NAME	ADDRESS	TELEPHONE	OCCUPATION

This company 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 ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I certify that the information on this application is true and complete, and I understand that false statements, as well as omissions of information will be considered grounds for immediate termination. I hereby authorize Revera Health Systems, Inc. or its authorized representative to contact all of my references for full information and to make a thorough investigation of my past employment and activities. I hereby release from all liability of responsibility all persons, companies, or corporations supplying such information.

I understand that any offer of employment will be contingent upon the satisfactory completion of both physical and functional examinations. I agree that the examining physician may disclose his/her findings to Revera Health Systems, Inc. or its authorized representative.

I also understand that nothing in this employment application or in the granting of an interview or in any company policy that is given to me, is intended to create an employment contract between Revera Health Systems, Inc. and me or to provide any other benefit. I agree that if the company employs me, it will be as an employee-at-will, and either party will be free to terminate the employment arrangement at any time without cause.

If employed, within three (3) days of hire, I will complete an Employment Verification Form (I-9), and show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Date:

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying. I agree to such scheduling changes as directed by my department head or administrator.

Applicant's Signature

Date: