

Employment Application



YOUR CONTACT INFORMATION

APPLICATION DATE: _____

Name (Last Name First) _____

Address _____

City/State _____ Zipcode _____

Phone _____ Email _____

REFERRED BY: _____

Position Desired: _____ **Date you can start:** _____

Are you currently employed: YES NO **Best time to call:** DAY EVENING

Have you ever applied with Rivercross Healthcare? YES NO

If yes, when/where? _____

EDUCATION HISTORY

Please list school name & location Years Attended Graduated Major/Field of Study

Please list school name & location	Years Attended	Graduated	Major/Field of Study
High School			
College			
Trade, Business, Correspondence School			

United States Military Service: YES NO **Branch of Service:** _____

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Please list the jobs you've held over the last 7 years beginning with your most current position, or most recent job held. If you were self-employed, please indicate this. Please attach additional sheets if necessary. (If this information is included on your resume, please indicate that, and move to the next section.)

Date	Name, City, State of Employer	Salary:	May we Contact:
From:			YES NO
To:	Position:	Reason for Leaving:	

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From:			YES NO
To:	Position:	Reason for Leaving:	

Date	Name, City, State of Employer	Salary:	May we Contact:
From:			YES NO
To:	Position:	Reason for Leaving:	

Please list three **professional references** not related to you. (Skip this section if listed on your resume.)

Name:	
Relationship::	
Company:	Email:
Address:	Phone Number:

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Please list three **professional references** not related to you. (Skip this section if listed on your resume.)

Name:	
Relationship::	
Company:	Email:
Address:	Phone Number:

Name:	
Relationship::	
Company:	Email:
Address:	Phone Number:

Do you have a valid Driver's License? YES NO

State of Issue & number:	Expiration Date:	Type: Operator CDL Chauffer
Have you had any accidents in the last 3 years?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you had any moving violations in the last 3 years?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes to either of the above, please explain & provide dates:		

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AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements containing herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization for such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature: _____ Date: _____

FOR INTERNAL USE ONLY:

Interviewed BY: _____ Date: _____