

Education/Skills

High School

School Name: _____ City: _____ St.: _____

Did you graduate? Yes _____ No _____

College

School Name: _____ City: _____ St.: _____

Degree: _____ Major: _____ Did you graduate? _____

College

School Name: _____ City: _____ St.: _____

Degree: _____ Major: _____ Did you graduate? _____

Graduate School

School Name: _____ City: _____ St.: _____

Degree: _____ Major: _____ Did you graduate? _____

Specialized training, apprenticeship, extra-curricular activities or any job-related training or skills:

List any health care, business, or any other equipment operated:

Professional and/or Certifications

Type: _____ State: _____ No.: _____ Expiration: _____

Type: _____ State: _____ No.: _____ Expiration: _____

Type: _____ State: _____ No.: _____ Expiration: _____

Type: _____ State: _____ No.: _____ Expiration: _____

Employment Experience

Please list name, address and phone number of previous employers with most recent employer first.

Job Title: _____ Employed From _____ To _____ Salary: _____

Employer name: _____ Phone: _____

Address: _____

Duties: _____

Can we contact your supervisor? Yes _____ No _____

Immediate supervisor: _____ Phone: _____

Reason for leaving: _____

Job Title: _____ Employed From _____ To _____ Salary: _____

Employer name: _____ Phone: _____

Address: _____

Duties: _____

Can we contact your supervisor? Yes _____ No _____

Immediate supervisor: _____ Phone: _____

Reason for leaving: _____

Job Title: _____ Employed From _____ To _____ Salary: _____

Employer name: _____ Phone: _____

Address: _____

Duties: _____

Can we contact your supervisor? Yes _____ No _____

Immediate supervisor: _____ Phone: _____

Reason for leaving: _____

References

Please list three persons who are not related to you or are not previous supervisors, who can provide professional references.

Name: _____

Relationship: _____ Occupation: _____ Years known: _____

Address: _____

Street or PO Box City State Zip

Name: _____

Relationship: _____ Occupation: _____ Years known: _____

Address: _____

Street or PO Box City State Zip

Name: _____

Relationship: _____ Occupation: _____ Years known: _____

Address: _____

Street or PO Box City State Zip

Please attach a resume of your educational and professional career if available.

I hereby certify that the information contained in this application form is true and correct. I authorize personnel representatives of Pioneer Medical Center to contact any of my schools, former employers or other references unless otherwise stated. I understand that a background check will be done for employment purposes that may include criminal history, social security trace, employment and education references, professional licenses and credentials. I understand that if I am employed, any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal. I also understand that I will be required to successfully complete a pre-employment drug screen prior to employment. This agreement does not bind either party for any specific period of time.

Signature

Date