

EDUCATION

High School _____ 9 10 11 12
CIRCLE LAST YEAR COMPLETED

College _____
DEGREE RECIEVED

Describe any other training or education _____

EMPLOYMENT RECORD

List other name(s) under which employment may be verified _____

Start with your present or last job. Include any job related Military Service assignments and volunteer activities.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Dates Employed		
Supervisor	Starting	Final	
Reason for Leaving			

If you need additional space, please continue your response on a separate page.

Please identify and explain all periods of unemployment in excess of one month during the past 10 years		
Period of Unemployment:		
From	To	Reason for Unemployment

APPLICANT'S STATEMENT

I authorize Fairchild Medical Center to inquire as to my record with any or all of my former employers with no liability arising therefrom. I certify that answers given herein are true and complete to the best of my knowledge and I understand the making of any false statements will be sufficient cause for my dismissal. Offers of employment are also conditioned on the satisfactory completion of a pre-employment background check and post-offer medical examination. In consideration of my employment, I agree to conform to the rules and regulations of Fairchild Medical Center as set forth in the Human Resource Policies and Employee Handbook and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Hospital or myself.

SIGNATURE OF APPLICANT _____

DATE _____