

Certificates					
Other	Certificate number	Certificate type	Agency	State	Exp Date
Other	Certificate number	Certificate type	Agency	State	Exp Date
Other	Certificate number	Certificate type	Agency	State	Exp Date
Other	Certificate number	Certificate type	Agency	State	Exp Date
Other	Certificate number	Certificate type	Agency	State	Exp Date
Languages spoken					
Languages written					

Computer Skills

Facility with computer usage such as PC, Internet Explorer, word processors (e.g), Microsoft Word or Open Office, medical programs such as AdvancedMD, ReDoc. List below:

Other Factors

Indicate in narrative form, other factors that we should consider, such as skills or experiences not covered in the application and/or resume:

References

Full Name:		Relationship:	
Company:		Phone:	
Address:		Email:	
Full Name:		Relationship:	
Company:		Phone:	
Address:		Email:	
Full Name:		Relationship:	
Company:		Phone:	
Address:		Email:	

Previous Employment			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? (If so, provide email)		YES <input type="checkbox"/>	NO <input type="checkbox"/> email:
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? (If so, provide email)		YES <input type="checkbox"/>	NO <input type="checkbox"/> email:
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? (If so, provide email)		YES <input type="checkbox"/>	NO <input type="checkbox"/> email:
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? (If so, provide email)		YES <input type="checkbox"/>	NO <input type="checkbox"/> email:

Miscellaneous

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If yes, explain:					

Agreement and Signature

[Partners note: Creative Health Solutions LLC maintains a respectful environment. We also have a responsibility to our clients and other employees. While pre-employment screening is a necessary responsibility, and one that protects our employees as well as our clients, we strive to make that part of the process as respectful and transparent as due care would allow.]

I understand that this is an application and does not constitute an employment contract nor a promise of employment. I further understand that Creative Health Solutions LLC may obtain a consumer and/or investigative consumer report that may contain information regarding the accuracy of this application as well as my suitability for the position sought. My signature authorizes such checks including accuracy of this application, employment, character, driving, consumer credit, and a criminal background. I authorize all such investigation.

Because I am seeking employment in the health care field, I understand that I may be subject to alcohol and drug testing, and may be required to medical check ups if circumstance so warrants.

I certify that my answers are true and complete to the best of my knowledge.

Signature:	Date:
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