

List all employment starting with your present or most recent position including all work history for the past 10 years (attach separate sheet if necessary). Account for gaps of employment. A RESUME MAY BE SUBMITTED, BUT WILL NOT BE ACCEPTED IN PLACE OF THE APPLICATION. ALL QUESTIONS MUST BE COMPLETED IN FULL.

May we contact your current employer? Yes No

EMPLOYMENT HISTORY

Name of Employer	Dates Employed (Month/Year) From / - / To /	Your Title	Final Salary/Hourly Wage
Address of Company	Number of Employees You Supervised		Name and Title of Your Immediate Supervisor
Area Code/Phone Number of Company ()	Describe Your Work in Detail: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Reason for Leaving:			
Account for periods of employment inactivity between positions:			

Name of Employer	Dates Employed (Month/Year) From / - / To /	Your Title	Final Salary/Hourly Wage
Address of Company	Number of Employees You Supervised		Name and Title of Your Immediate Supervisor
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Reason for Leaving:			
Account for periods of employment inactivity between positions:			

SPECIALIZED TRAINING AND/OR EXPERIENCE

CLERICAL	NURSING	OTHER
<input type="checkbox"/> Dictating Equipment <input type="checkbox"/> Shorthand (W/PM) _____ <input type="checkbox"/> Typing (W/PM) _____ <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Calculator Adding Machine <input type="checkbox"/> Insurance experience <input type="checkbox"/> Word Processor (W/PM) _____ <input type="checkbox"/> Software _____	<input type="checkbox"/> Filing <input type="checkbox"/> Accounting <input type="checkbox"/> Billing <input type="checkbox"/> Cashier <input type="checkbox"/> CRT <input type="checkbox"/> ICD9 or CPT4 coding	List areas of experience _____ _____ _____ _____ _____ _____
		Summarize any additional information necessary to describe your full qualifications. _____ _____ _____ _____ _____

EDUCATION				
Schools	Name & Location of School	Dates Attended (Month/Year)		Degree/Course of Study
		From	To	
High School		Not Applicable		<input type="checkbox"/> Graduate <input type="checkbox"/> GED
College or University				Major _____ Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Degree Received Year _____
Graduate School				Major _____ Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Degree Received Year _____
Vocation or Business				Major Study
Other				

PROFESSIONAL REGISTRATION, LICENSE OR ACCREDITATION

Type	Number	Date Issued	Date Expires	Issued By
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IS YOUR LICENSE UNDER RESTRICTION NOW/ OR HAS IT EVER BEEN IN THE PAST? Yes No

If yes, explain: _____

REFERENCES: List two individuals who are in a position to evaluate your training, experience and attributes. Please omit relatives.			
NAME	POSITION	COMPANY	ADDRESS
PHONE NUMBER			

Have you ever been convicted of a crime, or pled guilty, or entered no contest or *nolo contendere* to a crime (this includes DUI or DWI)?
 Yes No

If yes, give details (date, place, offense(s), disposition, etc.) _____

Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, entered a pre-trial intervention program, or have any criminal charges now pending? Yes No

If yes, give details: _____

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

Signature of Applicant

St. Catherine's reserves the right to refuse to consider any application not filled out in full.

Please read carefully and sign below.

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize St. Catherine's Nursing Center to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give St. Catherine's all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to St. Catherine's including but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or St. Catherine's medical examination or inquiry. If then employed, I understand that I will be required to serve a ninety (90) day adjustment period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my adjustment period, at the option of either St. Catherine's or myself. I understand that no supervisor or other representative of St. Catherine's other than an officer of St. Catherine's 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.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by St. Catherine's to submit to a urinalysis or other drug screen test. Any positive results of such test will be reported to the appropriate licensing board and my failure to take such (test(s)) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

Date: _____

Signature: _____

FOR HUMAN RESOURCE OR DEPARTMENT USE ONLY