

II EDUCATIONAL INFORMATION

LAST HIGH SCHOOL ATTENDED

Name		Location	
Dates	to	Did you graduate?	If no, do you have a G.E.D.?

COLLEGES AND UNIVERSITIES

Name		Location	
Dates	to	Did you graduate?	Major:
Credit Hours Earned	Are these: Semester Hours OR Quarter Hours	Degree Received	Date Degree Received:

Name		Location	
Dates	to	Did you graduate?	Major:
Credit Hours Earned	Are these: Semester Hours OR Quarter Hours	Degree Received	Date Degree Received:

II LICENSES CERTIFICATIONS PERMITS REGISTRATIONS ETC

Type of License, Certificate, permit, registration, etc:		Issuing State:	
ID Number	Expiration Date	Has document ever been revoked?	
Type of License, Certificate, permit, registration, etc:		Issuing State:	
ID Number:	Expiration Date:	Has document ever been revoked?	

IV. EMPLOYMENT RECORD

List your present or most recent employer first and include all employment held over the last five years. Include other employment pertinent to the position for which you are applying. Do not substitute a resume for this information. Resumes may be attached only as a supplement to your application. If more space is needed attach additional sheets.

Title of Position		Name of Employer	
Address:			Phone Number:
Dates to	Name of Immediate Supervisor:	May we contact this employer?	Final Salary:
Hours per week:	Number of employees supervised:	Reason for leaving or wanting to leave:	
Duties and responsibilities:			
Title of Position		Name of Employer	
Address:			Phone Number:
Dates to	Name of Immediate Supervisor:	May we contact this employer?	Final Salary:
Hours per week:	Number of employees supervised:	Reason for leaving or wanting to leave:	
Duties and responsibilities:			
Title of Position		Name of Employer	
Address:			Phone Number:
Dates to	Name of Immediate Supervisor:	May we contact this employer?	Final Salary:
Hours per week:	Number of employees supervised:	Reason for leaving or wanting to leave:	
Duties and responsibilities:			

V OTHER ACTIVITIES

Professional memberships, etc.

Civic or community activities, etc., including offices held

Awards, commendations, etc.

VI OTHER

Additional skills, training, experience or comments to complete or clarify your application:

VII APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all of my answers and statements are complete and true. I hereby authorize my former employers to furnish their records of my service, my reason for leaving their employ, together with all information they may have concerning me whether on record or not. I also release any individual, partnership or corporation which formerly employed me, its officers, agents and employees from liability for any damage whatsoever for issuing such information. I realize that falsification or omission of any information (e.g., education records, employment history, etc.) receipt of a poor reference or a conviction record, or failure to successfully complete a background check or physical examination, if required, may be cause for rejection or dismissal or withdrawal of any offer of employment. I understand that this application is not a contract of employment. I also understand and agree that, if hired, my employment would not be for a definite period and could be, regardless of the date of payment of my wages and salary, terminated at any time without any prior notice, with or without reason. I also understand and agree that only written representations and promises, signed by an authorized agent of The Christ Hospital and me, would be enforceable against The Christ Hospital or its agents.

Signature of Applicant

Date