

Dayton, OH 45406

❧ EDUCATION ❧

School/Location	Last Year Completed	Did You Graduate?	Degree/Course of Study
High School/GED _____		Yes No	_____
Undergraduate College/Univ. _____		Yes No	
Graduate or Professional _____		Yes No	_____
Other (Trade School, etc.) _____		Yes No	_____
List specialized training or certifications: _____			

Licensure / Certification License	Number	State	Expiration Date

Has your license/certification (in any state) ever been revoked? _____No _____ Yes

If yes, please explain _____

❧ EMPLOYMENT HISTORY ❧

(Please include all employment for the last five years. Indicate most recent position first. Use back of form if necessary.)

Employer _____ Phone No. (____) _____

Address _____ City _____ State _____ Zip _____

Position (s) _____

Dates of Employment: From: _____ To: _____ ☐ Full-time ☐ Part-time

Immediate Supervisor (Name , Title) _____

Reason for Leaving _____

Ending Wage/Salary _____

May we contact this employer for a reference? Yes _____ No _____ If no, why? _____

Employer _____ Phone No. (____) _____

Address _____ City _____ State _____ Zip _____

Position (s) _____

Dates of Employment: From: _____ To: _____ ☐ Full-time ☐ Part-time

Immediate Supervisor (Name , Title) _____

Reason for Leaving _____

Ending Wage/Salary _____

May we contact this employer for a reference? Yes _____ No _____ If no, why? _____

Employer _____ Phone No. (____) _____
 Address _____ City _____ State _____ Zip _____
 Position (s) _____
 Dates of Employment: From: _____ To: _____ ☐ Full-time ☐ Part-time
 Immediate Supervisor (Name , Title) _____
 Reason for Leaving _____
 Ending Wage/Salary _____
 May we contact this employer for a reference? Yes _____ No _____ If no, why? _____

❧ PROFESSIONAL REFERENCES ❧

List individuals most familiar with your skills and qualifications. Do not list relatives or supervisors already identified on this application.

Name _____ Occupation _____
 Address _____ Years Known _____
 City _____ State _____ Zip _____ ☐ Business Address ☐ Home Address
 Telephone _____ ☐ Business Phone ☐ Home Phone

Name _____ Occupation _____
 Address _____ Years Known _____
 City _____ State _____ Zip _____ ☐ Business Address ☐ Home Address
 Telephone _____ ☐ Business Phone ☐ Home Phone

Name _____ Occupation _____
 Address _____ Years Known _____
 City _____ State _____ Zip _____ ☐ Business Address ☐ Home Address
 Telephone _____ ☐ Business Phone ☐ Home Phone

❧ RESIDENCE RECORD ❧

Our background checking procedures require addresses for the previous five years.
Use back of form if necessary.

Address _____ Dates: _____
From To

City _____ State _____ Zip _____

Address _____ Dates: _____
From To

City _____ State _____ Zip _____

Address _____ Dates: _____
From To

City _____ State _____ Zip _____

❧ AUTHORIZATION FOR RELEASE OF INFORMATION ❧

I certify this application was completed by me and the entries contained in this application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested on this application may be grounds for rejection of this application or dismissal from employment if subsequently discovered.

I authorize Five Rivers Health Center to make inquiries, which may provide background regarding my character, general reputation, and past work performance. I hereby authorize Five Rivers Health Center to inquire and also authorize and request each former employer, educational institution, persons, governmental and law enforcement agencies to answer all questions, which may be legally asked, and to release all information, which may be legally sought. I hereby release all parties from any liability or responsibility for doing so.

I understand that as an applicant for employment with this Company, I will be required to undergo drug testing and a physical exam as part of the application process.

I hereby acknowledge that any employment relationship with Five Rivers Health Center is of an “at will” nature, which means that the employee may, at any time, terminate employment and the Employer may discharge the Employee, at any time, with or without cause. It is further understood that this “at will” employment relationship may not be changed, either orally or in writing, by any Agent of the Agency.

If hired, I agree to comply with all rules, regulations, and employment policies of Five Rivers Health Center.

Signature: _____ Date: _____