



APPLICATION FOR EMPLOYMENT

Cogent Healthcare, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Today's Date: _____

Name (Last)		First		Middle	
Street Address		City		State	Zip
County	How Long?	SSN - -			
Home Phone	e-mail	Alternate Phone		e-mail	
Last Two Previous Addresses (1)		City	State	Zip	County
From (M/Y)	To (M/Y)				
(2)		City	State	Zip	County
From (M/Y)	To (M/Y)				
Position Applying For		Full Time or Part Time		Salary Desired	

GENERAL INFORMATION

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

In order to check your work or education record, please list any other name, assumed name, or nickname you have used.

Are you over 18 years old? Yes No

Are you legally eligible to work in the United States? Yes No

Proof of citizenship or immigration status will be required upon employment.

Have you been convicted of a felony? Yes No



EMPLOYMENT HISTORY

List most recent first. Account for all time, employed or not, for the last ten years. Use a separate sheet of paper if more space is needed. Employment history must be completed even if a resume has been submitted.

Name of Employer		Type of Business			
Street Address		City		State	Zip
Phone	Name of Supervisor	Supervisor's Title		May we contact?	
Dates of Employment From (M/Y) To (M/Y)		Job Title (Last)		Starting Pay	Final Pay
Description of Responsibilities					
Reason(s) for Leaving					

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EDUCATION

High School		College / University / Vocational Institution	
School Name		Institution Name	
City / State		City / State	
Diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Received	
G.E.D.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Study Major	

PROFESSIONAL LICENSE

Type of License(s) held: _____

State: _____ License Number: _____ Expiration Date: _____

State: _____ License Number: _____ Expiration Date: _____

PROFESSIONAL REFERENCES

Name	Address	Contact Phone #	Business	Years Known
1.				
2.				
3.				

APPLICANT'S CERTIFICATION & AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Cogent Healthcare, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Cogent Healthcare, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Printed Name of Applicant

Date

Signature of Applicant