



## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates Employed		Specifically describe duties. Include equipment operated and supervisory responsibilities, if any.
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor (Name & Title)			
Reason for Leaving		May we contact? _____ Yes _____ No	

Employer	Dates Employed		Specifically describe duties. Include equipment operated and supervisory responsibilities, if any.
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	Starting	Final	
Starting/Present Job Title			
Supervisor (Name & Title)			
Reason for Leaving		May we contact? _____ Yes _____ No	

## EDUCATION

School Name	Complete Address	Major	Minor	Years Completed	Type Diploma / Degree
High School					
Undergraduate College					
Graduate/Professional					
Other (Specify)					

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**


## Registration / Certification / License

Type: _____ Number: _____ State: _____ Expiration: _____
Type: _____ Number: _____ State: _____ Expiration: _____
Has your medical Professional Liability insurance ever been denied or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
Have you ever been involved in any Professional Liability claims or litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
Has any action ever been taken on your clinical privileges? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____

## ADDITIONAL INFORMATION

<b>Other Qualifications</b> <i>Summarize special job-related skills and qualifications acquired from employment or other experience.</i>

## PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Occupation
1.		
2.		
3.		

## APPLICANT'S STATEMENT

I certify that the information contained in this application is true and complete. I understand that any falsification or omissions of information will be sufficient grounds for denial of employment, and if hired, for termination. I understand that employment is conditioned upon verification of the information contained herein.

I authorize the listed employers, schools, and personal references, as well as any other persons, schools, companies, credit bureaus, state licensing, law enforcement and other government agencies, to give First Choice Home Health & Hospice (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have, personal or otherwise. I release all parties from all liability, and agree not to file any claim, lawsuit of any other cause of action of any kind against any person or entity arising out of the furnishing or use of such information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with First Choice Home Health & Hospice is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct.

In consideration of my employment by First Choice Home Health & Hospice, I agree to learn and conform to all rules and policies. I further agree that I have the right to terminate my employment without notice at any time for any reason, and that First Choice Home Health & Hospice also retains this right.

First Choice Home Health & Hospice will retain this application for employment and consider applicant for employment for one year, after this time, an applicant must complete a new application to be considered for employment.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

### NONDISCRIMINATION

It is the policy of First Choice Home Health & Hospice to consider all applicants for employment without regard to age, race, religion, creed, color, handicap (disability), marital status, sex, national origin, ancestry, military status or any other legally protected status. No questions on this application are intended to secure information to be used for such discrimination.

**First Choice Home Health & Hospice**  
12400 W. Overland Road  
Boise, ID 83709-0021

HOME HEALTH - 208-322-7061   ♦   HOSPICE - 208-322- HOME (4663)