

EMPLOYMENT HISTORY

Note: List most recent employment first. Include military service and volunteer experience. Please state if you were employed under a different name. Include all positions with each employer. Complete this section even if a resume is attached. Attach additional pages, if necessary.

Employer _____ Mailing Address _____ Full-time _____ Part-time _____ # of hours per week _____ Reason for Leaving _____ Duties _____	Job Title _____ Immediate Supervisor _____ Phone Number _____ Dates Employed (Month/Year) from _____ to _____ Final Salary _____
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May we contact the above employers? yes no If no, give employer and reason _____

List any additional information to complete your application. Attach additional pages or resume, if desired.

CERTIFICATION

I hereby certify that all answers and statements on this document are true and complete. I understand that any misrepresentation or omission of facts on this application may be cause for immediate dismissal or rejection of my application. Furthermore, I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice. I hereby authorize University Health Associates to conduct work and character references except where indicated by me, and I release such individuals and places of business from any liability.

Signature of Applicant

Date

University Health Associates is an EQUAL OPPORTUNITY EMPLOYER. Federal and State laws and our own policy prohibit discrimination in employment on the basis of race, sex, age, disability, religion, sexual orientation, color, veteran status or national origin.

AUTHORIZATION TO RELEASE INFORMATION FORM

I hereby authorize University Health Associates' Department of Human Resources to obtain reference information concerning my previous employment. I understand that information received will be treated confidentially.

Signature

Date

10/00

PLEASE COMPLETE TOP SECTION ON NEXT PAGE



UHA is now tobacco-free. No tobacco use of any kind is permitted inside or outside our facilities.

Applicant Exclusion Verification

Applicant should complete this section:

Last Name First Name Middle

Address City State Zip

Social Security #

Have you ever been sanctioned by a Federal Agency?
(ie. default on student loan) No Yes

Have you interviewed in UHA's Human Resources? No Yes

If so: When _____

Human Resources Use Only

OIG Exclusion Found No Yes OIG Exclusion Date OIG Exclusion Code

OIG Description

EPLS Exclusion Found No Yes

EPLS Class

EPLS Record Type

EPLS Exclusion Type

EPLS CT Actions

EPLS CT Codes

EPLS Action Dates

EPLS Term Dates

EPLS CT Description

Checked By Title Date Checked