



WORK HISTORY FOR THE PAST SEVEN (7) YEARS (Required)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone #: _____ Home or Cell? Cell, Service Provider: _____

2nd Phone #: _____ Home or Cell? Cell, Service Provider: _____

*May we send you text messages? **Yes** **No** Note: Depending on your service provider, you may incur a fee.

Emergency Contact:

Name: _____ Relationship: _____ Phone #: _____

Supervisory Reference:

Name: _____ Phone #: _____

Where worked with? _____ Years: _____

Circle Yes or No **Application Questions**

Y	N	1. Have you now or ever in the past, been involved in any form of: • Drug or Alcohol Abuse
Y	N	• Malpractice Claims?
Y	N	2. Have you ever had any action taken against your license or certificate? If Yes, please explain with dates:
Y	N	3. Are you now subject to pending charges, or have you ever been convicted of, pled guilty, or pled nolo contendere to the violation of any federal, state, or other statute or ordinance constituting a felony or misdemeanor? If Yes, please explain with dates:
Y	N	4. Have you served in the U.S. Armed Forces? If so, classification? SDV VV OV NSV
Y	N	5. Have you had any motor vehicle violations in the past 3 years? If Yes, explain:

I grant permission to American Critical Care Services to investigate my employment for the past seven years including any background checks that may be required. I certify that all the information on this sheet is accurate and complete. I confirm agreement given on all previous documentation I have signed in past applications and as a previous employee with American Critical Care Services.

Signature of Applicant/Employee

Date

Turn over to list employment history. →

Previous Employment (beginning with the most recent please)

1. Employer: _____ Phone: _____
Address: _____ Position: _____
Dates Employed: from ___/___/___ to ___/___/___ (mm/yyyy)
Unit(s) Worked: _____
Supervisor: _____ Title: _____
Reason for Leaving: _____

2. Employer: _____ Phone: _____
Address: _____ Position: _____
Dates Employed: from ___/___/___ to ___/___/___ (mm/yyyy)
Unit(s) Worked: _____
Supervisor: _____ Title: _____
Reason for Leaving: _____

3. Employer: _____ Phone: _____
Address: _____ Position: _____
Dates Employed: from ___/___/___ to ___/___/___ (mm/yyyy)
Unit(s) Worked: _____
Supervisor: _____ Title: _____
Reason for Leaving: _____

4. Employer: _____ Phone: _____
Address: _____ Position: _____
Dates Employed: from ___/___/___ to ___/___/___ (mm/yyyy)
Unit(s) Worked: _____
Supervisor: _____ Title: _____
Reason for Leaving: _____

5. Employer: _____ Phone: _____
Address: _____ Position: _____
Dates Employed: from ___/___/___ to ___/___/___ (mm/yyyy)
Unit(s) Worked: _____
Supervisor: _____ Title: _____
Reason for Leaving: _____