

Employment Experience

Start with your present or last job, include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Telephone:
Address:	Immediate Supervisor/Title:
Job Title:	Hourly Rate/Salary (final): \$
Reason for leaving:	
May we contact for References?: Yes No Later:	
Summarize type of work performed:	
Employer:	Telephone:
Address:	Immediate Supervisor/Title:
Job Title:	Hourly Rate/Salary (final): \$
Reason for leaving:	
May we contact for References?: Yes No Later:	
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Summarize type of work performed:	
Employer:	Telephone:
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Job Title:	Hourly Rate/Salary (final): \$
Reason for leaving:	
May we contact for References?: Yes No Later:	
Summarize type of work performed:	

If you need additional space, please continue on a separate sheet of paper. Please attach a resume if available.

Other Qualifications: (summarize special job-related skills and qualifications):

Specialized skills: Check skills/Equipment Operated:

____ Personal Computer

____ Practice Management software

____ Proficient using the following software:

Clinical:

____ CPR

____ Breath Alcohol

____ Drug Screen Collector

____ TB Reading/Administration

____ Other: _____

Please Read Carefully and Sign Below

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered. I authorize the employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities, law enforcement agencies and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby release these references and previous employers from all liability for any information they may give to you.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand and agree that, if hired, my employment is AT-WILL. This means that if I am hired, either the company or I can end the employment relationship at any time and for any or no reason.

I understand also, that I am required to abide by all rules and regulations of the employer and that, if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal Immigration laws require me to complete an I-9 Form in this regard.

By checking this _____, I confirm I have read and agree to the above.

If required by Aberdeen Ventures, Ltd. (dba Immediate Care Center), I agree to submit to:

- Submit proof of immunity/testing at expense of Aberdeen Ventures, Ltd ___yes ___no
- Hepatitis vaccine/testing at expense of Aberdeen Ventures, Ltd ___yes ___no
- Tuberculosis test or chest x-ray at the expense of Aberdeen Ventures, Ltd ___yes ___no
- Drug testing at the expense of Aberdeen Ventures, Ltd ___yes ___no

Date: _____ Applicant's Signature: _____



Aberdeen Ventures, Ltd
dba: Immediate Care Center
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