



General Applicant Information

Last Name _____

First Name _____

Middle Name _____ Maiden Name or A.K.A. _____

Soc. Sec. Number _____

Home Address (Line 1) _____

Home Address (Line 2) _____

City _____ State _____ Zip _____

Home Phone _____ Office Phone _____

Mobile Phone _____ Fax _____

Email Address _____

Date Available for Employment _____ Notice Period Required to give Current Employer _____

Position Applying For _____

Location of Position _____

Can you perform the essential functions of the position for which you are applying? Yes No

If no please explain _____

Can you travel if the position requires? Yes No

Can you work flexible hours if the position requires? Yes No

Preferred Work Status Full Time Part Time PRN / As Needed
 Day Shift Evening Shift Night Shift Weekends

How did you find out about Liberty? _____

Education

Undergraduate

College or University _____

City _____ State _____

Degree Earned _____ Date _____

Major _____ Minor _____

Graduate (Masters) Education

University _____

City _____ State _____

Degree Earned _____ Date _____

Field of Study _____

Doctoral Education

University _____

City _____ State _____

Degree Earned _____ Date _____

Dissertation Subject _____

Dissertation successfully defended? Yes No

Clinical Practicums, Internships and or Fellowships

Please complete if applicable. Please refer to Addendum 3 for additional entry fields

1) Site Name _____

Start Date _____ End Date _____

Position/Title _____

City _____ State _____ Zip Code _____

Phone Number _____ Ext _____

Supervisor Name _____

2) Site Name _____

Start Date _____ End Date _____

Position/Title _____

City _____ State _____ Zip Code _____

Phone Number _____ Ext _____

Supervisor Name _____

Employment History

Begin with your current or most recent place of employment and work backwards chronologically. Your employment history should encompass the previous ten years. Please include title changes resulting from promotions. **Please do not enter "see resume" in any of the fields.**

Employer Name _____

Address _____

City _____ **State** ____ **Zip Code** _____

Phone Number: _____

Dates of Employment **From** _____ **To** _____ **Current Employer?**
Yes No

Position Held _____ **# of employees supervised** _____

Starting Salary \$ _____ **Ending Salary** \$ _____

Supervisor Name/Title _____

May we contact this individual for referencing at this time? Yes No

Describe your duties and responsibilities _____

Reason for leaving or why you wish to leave _____

Employer Name _____

Address _____

City _____ **State** ____ **Zip Code** _____

Phone Number: _____

Dates of Employment **From** _____ **To** _____ **Current Employer?**
Yes No

Position Held _____ **# of employees supervised** _____

Starting Salary \$ _____ **Ending Salary** \$ _____

Supervisor Name/Title _____

Describe your duties and responsibilities _____

Reason for leaving _____

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number: _____

Dates of Employment From _____ To _____

Position Held _____ # of employees supervised _____

Starting Salary \$ _____ Ending Salary \$ _____

Supervisor Name/Title _____

Describe your duties and responsibilities _____

Reason for leaving _____

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number: _____

Dates of Employment From _____ To _____

Position Held _____ # of employees supervised _____

Starting Salary \$ _____ Ending Salary \$ _____

Supervisor Name/Title _____

Describe your duties and responsibilities _____

Reason for leaving _____

If you require additional space to fully list your employment history (10 years minimum), download or request a Supplemental Employment History Form.

Professional References

Please provide four references. ***One of the four references must be a former supervisor***, while the remaining three references can be supervisors ***or*** current or former professional peers. All references must have personal knowledge of your professional performance, abilities, ethical character, and ability to work with others through direct observation.

Please contact your references, verify their contact information is correct, and advise them that a representative from Liberty Healthcare may be in contact to obtain a verbal reference.

1. Reference Name _____
 Reference's Current Address _____
 City, State, Zip Code _____
 Reference Phone # _____ Ext _____ Office Mobile Home
 Where did you work with this individual? _____
 This individual is/was a Supervisor Peer

2. Reference Name _____
 Reference's Current Address _____
 City, State, Zip Code _____
 Reference's Current Phone # _____ Ext _____ Office Mobile Home
 Where did you work with this individual? _____
 This individual is/was a Supervisor Peer

3. Reference Name _____
 Reference's Current Address _____
 City, State, Zip Code _____
 Reference's Current Phone # _____ Ext _____ Office Mobile Home
 Where did you work with this individual? _____
 This individual is/was a Supervisor Peer

4. Reference Name _____
 Reference's Current Address _____
 City, State, Zip Code _____
 Reference's Current Phone # _____ Ext _____ Office Mobile Home
 Where did you work with this individual? _____
 This individual is/was a Supervisor Peer

In the event of employment, I understand that false or misleading information submitted on this application may result in disciplinary action, up to and including termination. I hereby authorize and consent to the release of information by current and former employers and/or other interested parties to Liberty Healthcare Corporation and its affiliates to be utilized in the processing of my application. I release the above parties from any liability, as long as the information provided refers to my application and is done in good faith and without malice.

Signature of Applicant _____ **Date** _____

Note: If you are completing this application electronically, you will be prompted to enter a digital signature. If you do not already have a digital signature, you will be prompted to create one. If you would prefer to manually sign this application, please print the document in its entirety and sign manually.