

**EOE Statement**

**We are an equal employment opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, disability status, protected veteran status or any other characteristic protected by law.**

**Personal Information**

Candidate:		Date Created:	
		Date of Application:	
Position:		Application Method:	
Location:		Referral Source:	
Main Phone:		Alternate Phone:	
Address:			
Email Address:			

**Core Questions**

Please enter the name of the specific source where you learned about this position:
Are you eligible to work in the United States?
Are you or have you ever been placed on the Medicare OIG Exclusion List?
When would you be available for employment?
Why are you interested in working for our company?

**Education**

Institution:		Institution Type:	
Location:		Start Date:	Completion Date:
Degree:		Overall GPA:	
Major:			
Notes:			

**Employment History**

Employer:				
Phone:				
Job Title:				
<b>Duties:</b>				
Reason for Leaving:				
Dates of Employment:	From:	To:	Rate of Pay:	

Employment History continued...

Supervisor:			
May we contact?			
Employer:			
Phone:			
Job Title:			
<b>Duties:</b>			
Reason for Leaving:			
Dates of Employment:	From:	To:	Rate of Pay:
Supervisor:			
May we contact?			
Employer:			
Phone:			
Job Title:			
<b>Duties:</b>			
Reason for Leaving:			
Dates of Employment:	From:	To:	Rate of Pay:
Supervisor:			
May we contact?			

### Licenses and Certifications

Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			

### Work Schedule

Day	Hours Available for Work

Work Schedule continued...


### Previous Names

Name:	
Name:	
Name:	

### References

Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			
Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			
Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			

### Please read carefully before signing

Carriage Healthcare retains the right to verify all information provided by me. In the process of such verification, I fully authorize Carriage Healthcare to contact any person, school, organization, or employer listed to disclose all information necessary to verify information or statements. I release all persons who disclose such information from any liability or damages to me or anyone acting in my name. I waive any written notice of the release of such information that may be required by any state or federal law. Any falsification, misrepresentation, or omission, whenever discovered, shall be considered legitimate and sufficient grounds for dismissal.

If hired, my employment with Carriage Healthcare is at-will. This means that I may terminate my employment at any time. Similarly, the company may terminate my employment at any time, with or without cause.

Print Name:

eSignature:

Date: **10/18/2016**

**Please read carefully before signing**

I certify that the facts set forth in the employment application and accompanying application materials are true and complete to the best of my knowledge.

Print Name:

Signature:

Date:

**Please read carefully before signing**

This is to inform you that as a part of our procedure for processing your employment application, we may obtain a consumer report and/or an investigative consumer report which includes information as to your character, general reputation, personal characteristics and mode of living.

If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By agreeing below, you acknowledge receipt of a copy of the foregoing notice.

A Summary of Your Rights Under the Fair Credit Reporting Act can be viewed at: [FCRA Summary of Rights.pdf](#)

For New York applicants only, click link to view a copy of Article 23-A of New York Correction Law

Print Name:

Signature:

Date: