

EMPLOYMENT HISTORY

(Please provide your complete work history – a resume' is not considered a substitute for this information. List in order your last or present employer first. Please complete your work history on an attached piece of paper.)

| Dates | | Name and Address of Employer | Rate of Pay | | Supervisor's Name and Title | Reason for Leaving |
|-------|----|------------------------------|-------------|--------|-----------------------------|--------------------|
| From | To | | Start | Finish | | |
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Tel. No.

Describe in detail the work you did.

| Dates | | Name and Address of Employer | Rate of Pay | | Supervisor's Name and Title | Reason for Leaving |
|-------|----|------------------------------|-------------|--------|-----------------------------|--------------------|
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Tel. No.

| Dates | | Rate of Pay | | |
|---|--|-------------|--|--|
| Describe in detail the work you did. | | | | |

If you were known by another name at any of the above companies, please list. _____

Please use the space below to describe how your experiences, skills and qualifications suit you for work with our organization and for the position for which you are applying.

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that all the above information and any resume is true and complete. I understand that any misrepresentation or omission may result in my disqualification from further consideration for employment and/or my termination from employment.

Further, in order that Concord Regional Visiting Nurse Association (CRVNA) may process my application for employment, I hereby authorize CRVNA and its parents, affiliates, subsidiaries, officers, directors, employees, representatives, and agents (hereinafter collectively referred to as "CRVNA") to conduct a complete investigation into my background including, but not limited to, inquiring into my entire employment history, including my fitness for duty at all prior employment; education history; criminal record and military record, if any; to obtain opinions and references regarding my moral character and reputation and to solicit and obtain any other information CRVNA in its sole discretion, deems as necessary to determine my eligibility for employment or for the purposes of confirming the accuracy or completeness of any information I have provided to CRVNA.

In consideration for the processing of my application for employment with CRVNA, I hereby RELEASE, INDEMNIFY, AND HOLD HARMLESS CRVNA from any and all liability based on their authorized receipt, disclosure, and use of the information gathered in processing my application for employment. I further understand and agree I am not entitled to access the information released to CRVNA in connection with my application for employment.

I UNDERSTAND THAT, IF HIRED, ANY OFFER IS CONTINGENT UPON PRODUCTION OF PROOF OF EMPLOYMENT ELIGIBILITY AND THE COMPLETION OF A FORM I-9; A SATISFACTORY CRIMINAL BACKGROUND RECORDS CHECK AND MY SUBMISSION TO A POST OFFER MEDICAL EXAMINATION TO DETERMINE MY ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF ANY POSITION OFFERED.

Date: _____ Signature _____ of _____ applicant
