



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

Present Income \$ _____

Required Income \$ _____

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 () _____

Supervisor Name _____

2) Site Name _____

Start Date ____ / ____ / ____ End Date ____ / ____ / ____

Position/Title _____

City _____ State _____ Zip Code _____

Phone Number () _____

Supervisor Name _____

Licenses and Certifications

Please list all active and inactive professional licenses, credentials and certifications

1) Credentialing/Licensing Body _____
Credential Type _____
Number _____
Status Active Inactive Exp. Date ____ / ____ / ____

2) Credentialing/Licensing Body _____
Credential Type _____
Number _____
Status Active Inactive Exp. Date ____ / ____ / ____

3) Credentialing/Licensing Body _____
Credential Type _____
Number _____
Status Active Inactive Exp. Date ____ / ____ / ____

4) Credentialing/Licensing Body _____
Credential Type _____
Number _____
Status Active Inactive Exp. Date ____ / ____ / ____

National Provider Identifier Number _____

Life Support Certification

Do you have a current Basic Life Support / CPR card? Yes

No

If your Basic Life Support/CRP certification is current,
please indicate the expiration date

____ / ____ / ____

Military Service

Branch _____

Status _____ Date of Discharge ____ / ____ / ____

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 ____ / ____ / ____ Present? 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 ____ / ____ / ____ Present? 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), reprint or copy this page.

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 _____
Reference's Address Line 2 _____
Reference's Current Phone # () _____
Where did you work with this individual? _____
This individual is/was a Supervisor Peer

2. Reference Name _____
Reference's Current Address _____
Reference's Address Line 2 _____
Reference's Current Phone # () _____
Where did you work with this individual? _____
This individual is/was a Supervisor Peer

3. Reference Name _____
Reference's Current Address _____
Reference's Address Line 2 _____
Reference's Current Phone # () _____
Where did you work with this individual? _____
This individual is/was a Supervisor Peer

4. Reference Name _____
Reference's Current Address _____
Reference's Address Line 2 _____
Reference's Current Phone # () _____
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** _____