



**Liberty Healthcare Corporation**  
401 E. City Avenue, Suite 820  
Bala Cynwyd, PA 19004  
Corporate office: (800) 331-7122  
Within Pennsylvania: (610) 668-8800  
Fax: (610) 668-7689  
This application is available at  
[www.libertyhealth.com](http://www.libertyhealth.com)

**PLEASE PRINT CLEARLY**

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Maiden name or a.k.a.: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Mobile phone: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Title of the position you are applying for: \_\_\_\_\_

Name of the facility/program  
where this position is based: \_\_\_\_\_

I am able to work:       full-time       part-time       p.r.n. / as needed  
                                  weekends       day shift       evening shift       night shift

**High School:** \_\_\_\_\_ Received diploma: [  ] Yes [  ] No

City: \_\_\_\_\_ State: \_\_\_\_\_ Graduation date (month / year): \_\_\_\_/\_\_\_\_/\_\_\_\_

**College:** \_\_\_\_\_ Received diploma: [  ] Yes [  ] No

City: \_\_\_\_\_ State: \_\_\_\_\_ Graduation date (month / year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Degree type: \_\_\_\_\_

**Higher education / other training:** \_\_\_\_\_

\_\_\_\_\_

**As of today's date, I am currently employed:** [  ] Yes [  ] No

If you are unemployed, please provide a brief explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you are currently employed, please complete the following:**

**Name of current employer:** \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Your job title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ May Liberty contact him/her  
for a reference at this time: [  ] Yes [  ] No

Current salary: \_\_\_\_\_

Dates employed From (month / year): \_\_\_\_/\_\_\_\_/\_\_\_\_ to (month / year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason you are seeking other employment: \_\_\_\_\_

\_\_\_\_\_

**PREVIOUS EMPLOYMENT**

List all of your prior jobs and places of employment. Begin with your last job and work backwards.

**Prior employer name:** \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Your job title: \_\_\_\_\_

Former supervisor's name: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Dates employed From (month / year): \_\_\_\_\_ / \_\_\_\_\_ to (month / year): \_\_\_\_\_ / \_\_\_\_\_

Reason for leaving this job: \_\_\_\_\_

**Prior employer name:** \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Your job title: \_\_\_\_\_

Former supervisor's name: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Dates employed From (month / year): \_\_\_\_\_ / \_\_\_\_\_ to (month / year): \_\_\_\_\_ / \_\_\_\_\_

Reason for leaving this job: \_\_\_\_\_

**Prior employer name:** \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Your job title: \_\_\_\_\_

Former supervisor's name: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Dates employed From (month / year): \_\_\_\_\_ / \_\_\_\_\_ to (month / year): \_\_\_\_\_ / \_\_\_\_\_

Reason for leaving this job: \_\_\_\_\_  
\_\_\_\_\_

**Prior employer name:** \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Your job title: \_\_\_\_\_

Former supervisor's name: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Dates employed From (month / year): \_\_\_\_\_ / \_\_\_\_\_ to (month / year): \_\_\_\_\_ / \_\_\_\_\_

Reason for leaving this job: \_\_\_\_\_  
\_\_\_\_\_

**Photocopy this page – if you require additional space to list all of your prior jobs.**

**Note: Failure to list all of your prior jobs will result in a delay in processing your employment application.**

**1. Have you ever been dismissed or asked to resign from any of your jobs?**     Yes     No

If you answered "Yes" please provide a written explanation regarding the circumstances:

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**2. Please review your employment history on the previous pages of this application.**

**Are there any lapses between any of your jobs, greater than one month?**     Yes     No

If you answered "Yes" please provide a written explanation regarding the circumstances:

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**3. Have you ever been convicted of any criminal offense in any state or U.S. jurisdiction?**

Yes     No

If you answered "Yes" please indicate the offense, date, jurisdiction and disposition of the case:

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**4. Have you ever applied for a job with Liberty?**

Yes     No

If you answered "Yes" please indicate when and for which position you applied for:

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**5. Are you legally eligible to be employed in the United States**

Yes     No

If you answered "No" please provide a written explanation regarding the circumstances:

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**6. Have you ever been investigated or reprimanded regarding your professional conduct?**

**Have you ever had any professional certificate, license, registration or other privilege denied, revoked, suspended, restricted, reprimanded, censured or placed on notice by any state, U.S. jurisdiction, or professional membership organization or certification board?**

Yes     No

If you answered "Yes" please provide a written explanation regarding the circumstances:

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**Please list four professional references. These individuals should be current or former coworkers (supervisors, peers or subordinates) who can provide a reference as to your professional abilities, ethical character and ability to work with others, based on direct observation of your work. Family members and personal friends should not be listed.**

**(1) Name:** \_\_\_\_\_

**(2) Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone:   (   )   \_\_\_\_\_

Phone:   (   )   \_\_\_\_\_

**(3) Name:** \_\_\_\_\_

**(4) Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone:   (   )   \_\_\_\_\_

Phone:   (   )   \_\_\_\_\_

**To reduce delays in the referencing process and processing time of your employment application, please inform the individuals above that a representative from Liberty will be contacting them to obtain a reference.**

**In the event of employment, I understand that false or misleading information given on this application may result in discharge. I hereby authorize and consent to the release of information by present and past employers and/or other interested parties to Liberty Healthcare Corporation to be utilized in the processing of my application. I release the above mentioned parties from any liability, as long as the information refers to my application and is done in good faith and without malice.**

\_\_\_\_\_  
**Signature of Applicant**

  /  /    
**Date**