



EMPLOYMENT APPLICATION
367 Riverside Drive ; Franklin TN 37064
PHONE: (615) 794-3600 | FAX: (404) 541-3363 GA

PERSONAL INFORMATION

Name	_____	Home #	_____
Street Address	_____	Cellular #	_____
City State Zip	_____	E-mail	_____
Social Security No.	_____	Position Applied For	_____
Emergency Contact	_____	Emer. Contact #	_____
Relationship	_____	Emer. Contact #	_____

WORK HISTORY

Current/Last Employer	_____	Telephone	_____
Street Address	_____	Supervisor	_____
City, State, Zip	_____	Job Title	_____
Salary	_____	Employment Dates	_____ to _____
Reason for Leaving	_____	Duties	_____
Name while employed	_____		_____

Prior Employer	_____	Telephone	_____
Street Address	_____	Supervisor	_____
City, State, Zip	_____	Job Title	_____
Salary	_____	Employment Dates	_____ to _____
Reason for Leaving	_____	Duties	_____
Name while employed	_____		_____

Prior Employer	_____	Telephone	_____
Street Address	_____	Supervisor	_____
City, State, Zip	_____	Job Title	_____
Salary	_____	Employment Dates	_____ to _____
Reason for Leaving	_____	Duties	_____
Name while employed	_____		_____

EDUCATION

Name of High School	_____	Check Highest Graded Completed			
Street Address	_____	9	10	11	12
City, State, Zip	_____	Associates	Bachelors	Masters	
Name of College	_____	Name while attending	_____		
Street Address	_____	Degree/Certificate	_____		
City, State, Zip	_____	Date Received	_____		
Professional License No.	_____	State	_____	Exp. Date	_____
Has your Prefessional License ever been suspended or revoked?		No	Yes		
If yes, please explain		_____			



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PERSONAL REFERENCES

Name	_____	Telephone	_____
Street Address	_____	Relationship	_____
City, State, Zip	_____	Years Known	_____
Name	_____	Telephone	_____
Street Address	_____	Relationship	_____
City, State, Zip	_____	Years Known	_____

SCHEDULE PREFERENCES

Employment Desired	Full-time			Part-time	
Availability	SUN	MON	TUE	WED	Shift 1 - Days
	THU	FRI	SAT		Shift 2 - Evenings
					Shift 3 - Nights

Comments

Salary Desired \$ _____ Hourly \$ _____ Salary

NOTICES

Have you ever been convicted of a crime? * Yes No

If yes, please explain _____

*** Criminal conviction(s) will not automatically disqualify an applicant from employment.**

Prior employment and personal references will be checked for all candidates who are offered a position with Whitestone Healthcare.

In connection with my application for employment I, _____, understand and agree that Whitestone Healthcare will seek information as to my character, work habits, job performance, skills and abilities. I authorize my previous employer and personal references listed in this application to release any and all information relating to my employment. This authorization remains valid for a period of 12 months from the date below. I acknowledge that a facsimile or copy of this release shall be as valid as the original.

Applicant Signature

Date

NOTE: A pre-employment drug test and fingerprint background check is required for employment with Whitestone Healthcare. Fingerprint background checks are subject to the State and Federal Criminal History Record Databases.

Whitestone Healthcare participates in E-Verify to determine the eligibility of our employees to work in the U.S.

Whitestone Healthcare is an Equal Opportunity Employer. This company does not and will not discriminate in employment and personnel practices on the basis of race, sex, age, non-disqualifying physical or mental disability, religion, national origin or any other basis prohibited by applicable law.