

**Covered
Bridge
Healthcare**

of St. Joseph County



Application for Employment

We are an Equal Opportunity Employer committed to excellence through diversity.

Please print or type. Application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

NAME			
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	EMAIL ADDRESS		

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE US?

Yes No

ARE YOU A VETERAN?

Yes No

IF SELECTED FOR EMPLOYMENT, ARE YOU WILLING TO SUBMIT TO A BACKGROUND CHECK?

Yes No

Position

POSITION YOU ARE APPLYING FOR	AVAILABLE START DATE	DESIRED PAY
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EMPLOYMENT DESIRED

Full-Time Part-Time Temporary/Seasonal

Education

SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE	MAJOR

References (Business and Professional Only)

NAME	TITLE	COMPANY	PHONE NUMBER

Employment History

EMPLOYER (1)	JOB TITLE		DATES EMPLOYED
PHONE NUMBER	STARTING PAY RATE		ENDING PAY RATE
ADDRESS	CITY	STATE	ZIP
EMPLOYER (2)	JOB TITLE		DATES EMPLOYED
PHONE NUMBER	STARTING PAY RATE		ENDING PAY RATE
ADDRESS	CITY	STATE	ZIP
EMPLOYER (3)	JOB TITLE		DATES EMPLOYED
PHONE NUMBER	STARTING PAY RATE		ENDING PAY RATE
ADDRESS	CITY	STATE	ZIP
EMPLOYER (4)	JOB TITLE		DATES EMPLOYED
PHONE NUMBER	STARTING PAY RATE		ENDING PAY RATE
ADDRESS	CITY	STATE	ZIP

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information
in my application or interview may result in my employment being terminated.

NAME (PLEASE PRINT)

SIGNATURE

DATE