

**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

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Reference Check Authorization

I hereby authorize Covered Bridge Healthcare or any designated officer, employee, agent, or representative to confer with the named references, business, professional and employment listed on my job application.

I understand that Covered Bridge Healthcare may ask my references questions about my educational background, work experience, achievements, wage history, performance, attendance, and reason for separation from former employment. I expressly authorize my references to answer such questions.

I understand that any information provided by my references will be used solely for the purpose of determining my acceptability for employment with Covered Bridge Healthcare.

I release all the named references listed on my application for employment along with employers from any claim of liability or damages, including, but not limited to, claims for defamation, interference with contract, and negligence—which may arise or result from any truthful reference information provided by a reference pursuant to this authorization.

SIGNATURE

DATE