

EMPLOYMENT HISTORY

List in reverse chronological order, beginning with the most current, ALL employment affiliations since completion of education (7 years minimum). On a separate sheet, please explain any gaps in your work history. A resume can not be substituted for work history.

I.	
<p>Name of Facility: _____ <input type="checkbox"/> Permanent <input type="checkbox"/> Travel Contract <input type="checkbox"/> PRN (Per Diem)</p> <p>Address: _____ <small>Street Address City State Zip Code</small></p> <p>Dates Employed (MM/YR - MM/YR) _____ TO _____ Reason for Leaving: _____</p> <p><input type="checkbox"/> Non-Teaching <input type="checkbox"/> Teaching Number of Beds: _____</p> <p>Specialty Unit(s) Worked in: _____ No. of Unit Beds: _____ Charge Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Position Held: _____ Average Patient Caseload: _____ Shift Worked: _____</p> <p>Facility Supervisor's Name: _____ Title: _____ Phone: (____) _____ Ext. _____</p> <p>Staffing Agency (If Travel and/or PRN): _____ Phone: (____) _____ Ext. _____</p> <p>Do you have a shift evaluation: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach documentation.)</p>	
	<p>Company Use only <input type="checkbox"/> Background check (See supporting documentation) - Initial _____ Date _____</p> <p>Employment verified by: <input type="checkbox"/> THSG Rep. - Initial _____ Date verified _____ Verified with _____</p> <p>Comments: _____</p>

II.	
<p>Name of Facility: _____ <input type="checkbox"/> Permanent <input type="checkbox"/> Travel Contract <input type="checkbox"/> PRN (Per Diem)</p> <p>Address: _____ <small>Street Address City State Zip Code</small></p> <p>Dates Employed (MM/YR - MM/YR) _____ TO _____ Reason for Leaving: _____</p> <p><input type="checkbox"/> Non-Teaching <input type="checkbox"/> Teaching Number of Beds: _____</p> <p>Specialty Unit(s) Worked in: _____ No. of Unit Beds: _____ Charge Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Position Held: _____ Average Patient Caseload: _____ Shift Worked: _____</p> <p>Facility Supervisor's Name: _____ Title: _____ Phone: (____) _____ Ext. _____</p> <p>Staffing Agency (If Travel and/or PRN): _____ Phone: (____) _____ Ext. _____</p> <p>Do you have a shift evaluation: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach documentation.)</p>	
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I affirm the information on this document is accurate and true.

Initial _____ Date _____

EMPLOYMENT HISTORY Cont'd >>

EMPLOYMENT HISTORY (Cont'd)

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III.	
Name of Facility: _____ <input type="checkbox"/> Permanent <input type="checkbox"/> Travel Contract <input type="checkbox"/> PRN (Per Diem)	
Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Street Address City State Zip Code </small>	
Dates Employed (MM/YR - MM/YR) _____ TO _____ Reason for Leaving: _____	
<input type="checkbox"/> Non-Teaching <input type="checkbox"/> Teaching Number of Beds: _____	
Specialty Unit(s) Worked in: _____ No. of Unit Beds: _____ Charge Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Held: _____ Average Patient Caseload: _____ Shift Worked: _____	
Facility Supervisor's Name: _____ Title: _____ Phone: (____) _____ Ext. _____	
Staffing Agency (If Travel and/or PRN): _____ Phone: (____) _____ Ext. _____	
Do you have a shift evaluation: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach documentation.)	
Company Use only	<input type="checkbox"/> Background check (See supporting documentation) - Initial _____ Date _____ <input type="checkbox"/> THSG Rep. - Initial _____ Date verified _____ Verified with _____ Comments: _____

IV.	
Name of Facility: _____ <input type="checkbox"/> Permanent <input type="checkbox"/> Travel Contract <input type="checkbox"/> PRN (Per Diem)	
Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Street Address City State Zip Code </small>	
Dates Employed (MM/YR - MM/YR) _____ TO _____ Reason for Leaving: _____	
<input type="checkbox"/> Non-Teaching <input type="checkbox"/> Teaching Number of Beds: _____	
Specialty Unit(s) Worked in: _____ No. of Unit Beds: _____ Charge Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Held: _____ Average Patient Caseload: _____ Shift Worked: _____	
Facility Supervisor's Name: _____ Title: _____ Phone: (____) _____ Ext. _____	
Staffing Agency (If Travel and/or PRN): _____ Phone: (____) _____ Ext. _____	
Do you have a shift evaluation: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach documentation.)	
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I affirm the information on this document is accurate and true.

Initial _____ Date _____