

MILITARY SERVICE

Branch/Duty Location	Military Specialty	Highest Rank	Special Honors/Training

EMPLOYMENT HISTORY

Please complete this section even if you are attaching a resume or previously submitted a resume for consideration. Crouse Medical Practice will not be able to complete the employment process if there is incomplete or missing information.

Begin with your present or most recent job. Include any military service and volunteer activities. Exclude groups which indicate race, religion, sex, age, national origin or other protected groups. Please indicate if you were employed under a different last name at any employer.

Please note: to accurately and fairly determine pay, completion of all previous work experience is required in this section. If you need space than what is provided below, please attach a blank sheet of paper and complete additional employment history by including the information listed below for each.

Employer	Dates Employed From _____ To _____		Job Duties
Address			
Job Title	Annual Salary or Hourly Rate Start _____ Final _____		Reason for Leaving
Immediate Supervisor			

Employer	Dates Employed From _____ To _____		Job Duties
Address			
Job Title	Annual Salary or Hourly Rate Start _____ Final _____		Reason for Leaving
Immediate Supervisor			

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Address			
Job Title	Annual Salary or Hourly Rate Start _____ Final _____		Reason for Leaving
Immediate Supervisor			

PLEASE READ AND SIGN BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all my statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability and any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice.

Signature _____ Date _____