

EMPLOYMENT HISTORY: List below current and previous employment, including military service, beginning with your last position first. Use additional sheets if necessary. Important: list every employment whether or not it seems relevant. If lapses occurred between periods of employment, give dates of and reason(s) for unemployment. Please start with your present or most recent employer.

1	Company Name	Telephone: ()
	Address (Street, City, State, Zip)	Employed (Mo./Yr.) From: To:
	Supervisor's Name & Title	Salary Start \$ Last \$
	Job Title and Responsibilities:	Reason for Leaving
2	Company Name	Telephone: ()
	Address (Street, City, State, Zip)	Employed (Mo./Yr.) From: To:
	Supervisor's Name & Title	Salary Start \$ Last \$
	Job Title and Responsibilities:	Reason for Leaving
3	Company Name	Telephone: ()
	Address (Street, City, State, Zip)	Employed (Mo./Yr.) From: To:
	Supervisor's Name & Title	Salary Start \$ Last \$
	Job Title and Responsibilities:	Reason for Leaving

May we contact the Employers Listed Above? Yes No

REFERENCE INFORMATION:

List three (3) current or previous supervisors who can verify your qualifications.

COMPLETE NAME	TITLE	YEARS KNOWN	COMPANY	TELEPHONE NUMBER

AUTHORIZATION: (Please read carefully)

I authorize ClearPath Home Health & Hospice (ClearPath) to verify any information I have provided and I further authorize any of the named schools, companies or persons listed to provide any information about me contained in their records. I understand and agree that any misrepresentation, falsification or omissions by me in this application may be sufficient cause for cancellation of the application and/or separation from Clear Path if I have since been employed. My signature below hereby authorizes disclosure of information and releases ClearPath, its officers, agents and employees from liability for such disclosure.

I recognize ClearPath's right to require an employment health assessment, which can include a drug test. I further understand that submitting to various tests is a condition of my employment, and I agree to cooperate in their administration. I understand that my employment may be contingent upon completion of a fingerprint impression form and a criminal background check, at my expense, and I agree to cooperate in this undertaking. I understand that should I be hired for the position for which I am applying, or any subsequent position, either ClearPath or I may terminate the working relationship at any time and for any reason. I understand that no contract may be made orally, regardless of the reliance of the employee to such statements made by any manager at ClearPath. I further understand that if employed, my wages and position may change, but my status as an employee-at-will will never change during my employment. Completion and/or submission of this application does not constitute an offer of employment.

ClearPath ensures a non-discriminatory environment regarding employment practices. ClearPath complies with all federal regulations, and is committed to a program of equal opportunity.

Signature: _____ Date: _____

Thank you for your interest in ClearPath Home Health & Hospice. Your application shall remain active for one (1) year. If you wish to keep your application active, you must reapply after this time period has elapsed.