

Dear Applicant,

Thank you for your interest in employment with our organization. The application you are about to complete is taken very seriously in our organization and must be filled out accurately, legibly and in its entirety. Please pay special attention to the following areas:

Education

Please populate all areas requested accurately; include city and state of school. Please provide **ONLY** the highest level of education completed.

Professional License/Certification

Please populate all areas requested accurately with license certification information that is current. Expired licenses and/or certifications should not be included.

US Military Service

For the purposes of honoring Veteran's Day and maintaining military leave rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA), we ask that you complete the US Military Service section of the application if you have ever served or are currently serving in any of our armed forces.

Employment History

Please indicate the month and year as well as city and state of employment for each employer you reference on your application. I have provided room to list eleven employers, if you have more than eleven employers to disclose, please contact me for a supplement sheet.

Application Statements

Please read this section and answer each question carefully. Complete all information requested accurately and honestly.

Note that ICCO, LLC reserves the right to require verification of your Education, Licensure and Previous Employment. Should any questions arise regarding the verification of your education, licensure or previous employment, you will be required to provide valid documentation verifying the information you provided on your application.

The integrity of the information you provide on the employment application is vital to a successful relationship with our organization. Falsification of information or failure to produce requested documentation can result in either termination of employment or withdrawal of the offer of employment.

Thank you for your cooperation.

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ICCO, LLC EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

(Print) First Name	Middle	Last Name	
Current Address	City	State	Zip
List any other names used (alias, maiden, nickname, etc.)			
Home E-mail Address	Home Telephone ()	Other Telephone ()	

Are you eligible to work in the United States? Yes No Will you now or in the future require sponsorship for employment visa status to work in the United States? Yes No

Name of relative(s) employed by ICCO, LLO	Relationship	Occupation	Location

WORK PREFERENCES

Type of employment for which you are applying. Circle all that apply: Full-time Part-time On-call

Position(s) desired

What is your career objective?

Location preferences	Salary/wage expected \$ /hour or annual	Date available
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REMARKS

How did you hear about this position? If employee referral, please provide the name of the person who referred you.	Do you know any of our employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please provide their names.	Relationship?
Have you ever been previously employed by this company or any healthcare provider affiliated with ICCO, LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" provide dates of former	Position	Location

HIGHEST LEVEL OF EDUCATION

Name of school attended	City and State	Field of Study	Highest level of degree earned	Name under which you graduated
			<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	

Foreign Languages	Language #1 _____	Language #2 _____
	<input type="checkbox"/> Read <input type="checkbox"/> Fluently <input type="checkbox"/> Moderately well <input type="checkbox"/> With difficulty	<input type="checkbox"/> Read <input type="checkbox"/> Fluently <input type="checkbox"/> Moderately well <input type="checkbox"/> With difficulty
	<input type="checkbox"/> Write <input type="checkbox"/> Fluently <input type="checkbox"/> Moderately well <input type="checkbox"/> With difficulty	<input type="checkbox"/> Write <input type="checkbox"/> Fluently <input type="checkbox"/> Moderately well <input type="checkbox"/> With difficulty
	<input type="checkbox"/> Speak <input type="checkbox"/> Fluently <input type="checkbox"/> Moderately well <input type="checkbox"/> With difficulty	<input type="checkbox"/> Speak <input type="checkbox"/> Fluently <input type="checkbox"/> Moderately well <input type="checkbox"/> With difficulty

PROFESSIONAL LICENSE/CERTIFICATION

Type:	Professional License/Certification Number:	State of issuance:
Type:	Professional License/Certification Number:	State of issuance:
Type:	Professional License/Certification Number:	State of issuance:

Applicant Name: _____

U.S. MILITARY SERVICE				
Branch of U.S. Services		Date Entered		Date Discharged
		Month	Year	Month
Nature of duties and any special training and honors received				

EMPLOYMENT HISTORY
PLEASE COMPLETE THIS SECTION EVEN IF THIS INFORMATION IS ON YOUR RESUME

Date Month and Year	Company Name, Street Address, City, and State List Temp/Staffing Agency if that is actual employer	Position/Job Duties
From:		
To:		

Name of Supervisor: _____ Telephone Number: _____

Name used if different from current name: _____

Reason for Leaving: _____

Date Month and Year	Company Name, Street Address, City, and State List Temp/Staffing Agency if that is actual employer	Position/Job Duties
From:		
To:		

Name of Supervisor: _____ Telephone Number: _____

Name used if different from current name: _____

Reason for Leaving: _____

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From:		
To:		

Name of Supervisor: _____ Telephone Number: _____

Name used if different from current name: _____

Reason for Leaving: _____

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Applicant Name: _____

Date Month and Year	Company Name, Street Address, City, and State List Temp/Staffing Agency if that is actual employer	Position/Job Duties
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Name of Supervisor:		Telephone Number:
Name used if different from current name:		
Reason for Leaving:		

DRIVING RECORD

(TO BE COMPLETED IF IT IS A JOB REQUIREMENT)

Type of driver's license held	License Number	Expiration Date	State of Issue
Have you ever had a driver's license revoked? Yes No	If Yes, please explain.		

APPLICANT STATEMENTS (USE THE BACK PAGE IF MORE SPACE IS NEEDED)

1. In this or any other state, have you ever been, or are you currently subject to investigation or proceedings which may lead to being sanctioned for, disciplined for, debarred from, and/or excluded from (1) employment within a health care services organization and/or (2) any activity connected with any governmentally-funded healthcare services (e.g. Medicare, Medicaid, Champus, etc.) organization by a duly authorized regulatory agency for conduct-based or performance-based actions or any other reasons?

 Yes No If "yes," please explain:

2. Are there now or have there ever been restrictions, limits, sanctions, revocation and/or any other disciplinary measures imposed upon your current or previous professional, vocational, and/or technical licensure(s), certification(s) and/or registration(s) in this or any other state?

 Yes No If "yes," please explain:

APPLICANT CERTIFICATION AND ATTESTATION OF UNDERSTANDING

"I certify that the facts contained in this employment application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal."

"As an employee of ICCO, LLC, your employment has been and continues to be "at-will." This means that during the course of employment with the Company, employees are free to terminate their employment with the Company at any time, with or without a reason, and the Company has the right to terminate employees at any time, with or without a reason. Although the Company may choose to terminate an employee for cause, cause is not required."

"I agree to notify ICCO, LLC in writing within five (5) days of receiving any written or oral notice of any adverse action, including, without limitation, any filed and served malpractice suit or arbitration action; any adverse action by a State Licensing Board taken or pending; any adverse action which has resulted in the filing of a report with the State Licensing Board or a report to the National Practitioner Data Bank; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage. I acknowledge that failure to comply with the above measures can result in disciplinary action or in the termination of my employment."

Signature of Applicant _____

Date _____

ICCO, LLC is an Equal Opportunity Employer. Employment decisions are made without regard to race, religion, color, national origin, sex, age, ancestry, visible or non-visible handicap/disability, Veteran's status, or other characteristics protected under federal, state, or local law.