



HOW WERE YOU REFERRED TO THIS FACILITY?

BY EMPLOYEE \_\_\_\_\_ NEWSPAPER AD \_\_\_\_\_ OTHER \_\_\_\_\_

PLEASE PROVIDE EMPLOYMENT HISTORY STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER AND CONTINUE WITH PREVIOUS FIVE EMPLOYERS, INCLUDING MILITARY WORK HISTORY. PLEASE ACCOUNT FOR PERIODS OF UNEMPLOYMENT.

1.EMPLOYER \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE NO(\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_  
DUTES: \_\_\_\_\_  
REASON(S) FOR LEAVING: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

2.EMPLOYER \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE NO(\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_  
DUTES: \_\_\_\_\_  
REASON(S) FOR LEAVING: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

3.EMPLOYER \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE NO(\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_  
DUTES: \_\_\_\_\_  
REASON(S) FOR LEAVING: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

4.EMPLOYER \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE NO(\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_  
DUTES: \_\_\_\_\_  
REASON(S) FOR LEAVING: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

5.EMPLOYER \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE NO(\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_  
DUTES: \_\_\_\_\_  
REASON(S) FOR LEAVING: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A LAW VIOLATION (OTHER THAN MINOR TRAFFIC VIOLATION)?  YES  NO  
IF YES, PLEASE EXPLAIN. (A CRIMINAL RECORD DOES NOT AUTOMATICALLY BAR EMPLOYMENT.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

I certify that all the information given herein is correct and complete to the best of my knowledge and belief. I understand all statements will be verified and that the making of a false statement herein, or the omission of any material fact, may result in my immediate discharge.

I hereby grant permission to check all references and to release evaluations concerning my work, if employed, to others in need of this information. North Kansas City Hospital, Meritas Health Corp. and any persons and entities providing information in connection with reference checking will be released from liability in connection of the release of this information therewith to the fullest extent permitted by law.

I agree that medical examinations are a condition of employment. I understand that I am an at will employee if hired by Meritas Health Corp. I understand that initial employment is subject to an orientation period. I understand and agree that, due to the services provided by this organization, I may be required to work in an area or schedule different than that for which I may be initially hired.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IT IS OUR POLICY TO PROVIDE EMPLOYMENT, TRAINING, COMPENSATION, PROMOTION, AND OTHER CONDITIONS OF EMPLOYMENT TO ALL QUALIFIED APPLICANTS ACCORDING TO THE EQUAL EMPLOYMENT OPPORTUNITY LAW, AND THE AMERICANS WITH DISABILITIES ACT OF 1990.

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**MERITAS  
HEALTH  
CORPORATION**

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**Northland Cardiology**

**EMPLOYMENT APPLICATION**