

EDUCATION

School	Name, Address, City, State, Zip	Circle Last Year Completed	Mo./Yr. Graduated	Degree	Major or Course of Study
High School		9 10 11 12		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED	
College		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business College/ Vocational School		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Additional Education					

PROFESSIONAL REFERENCES

If you have participated in a clinical experience or externship, please provide the following:

Name of School	Program	Professor/Instructor	Phone Number

PROFESSIONAL LICENSES, CERTIFICATES OR REGISTRIES

Type	State	License Number	Expiration Date

If not licensed in Indiana, have you applied for an Indiana License? YES NO

If yes, when did you apply? _____

Has your license ever been suspended, revoked or terminated? YES NO

If yes, please explain when and why: _____

SPECIAL SKILLS AND QUALIFICATIONS

Please summarize your qualifications and special skills which support your application for this position.

EMPLOYMENT HISTORY

Please begin with your present or most recent position and account for 10 previous years. Include military, temporary and volunteer experience. Also account for any period of unemployment. **Complete all information for further consideration for employment. Attaching a resume is not sufficient for this section.**

Company		Position Title			
Phone ()	Dates Employed FROM: / /		TO: / /		
Street Address		City	State	Zip Code	
Description of Duties					
Supervisor's Name		Department			
Salary		Reason for Leaving			
Name While Employed (if applicable)					

Company		Position Title			
Phone ()	Dates Employed FROM: / /		TO: / /		
Street Address		City	State	Zip Code	
Description of Duties					
Supervisor's Name		Department			
Salary		Reason for Leaving			
Name While Employed (if applicable)					

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Description of Duties					
Supervisor's Name		Department			
Salary		Reason for Leaving			
Name While Employed (if applicable)					

ADDITIONAL INFORMATION

If you were unemployed during any period since leaving school, please explain.

May we contact your current employer? YES NO If no, please explain:

PLEASE READ CAREFULLY AND SIGN

It is the policy of the Company that equal employment opportunities be available to all without regard to race, color, sex, sexual orientation, religion, national origin, age disability or veteran status.

The receipt of this application does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

I certify that the information in this application (and in any accompanying documents) is true and complete in all respects. If hired, I understand that any omission, false or misleading information in the application, discovered any time during the employment process or after employment is initiated, can lead to my termination.

I understand that an employment offer with the Company is contingent upon verification of education, previous employment histories and a background investigation. My signature on this application authorizes the Company to request written verification as needed and a background investigation, if applicable.

I understand that upon acceptance of an employment offer, the Company may require a health assessment which may include, but not be limited to, a health history update, immunization update, drug testing and TB skin testing. I hereby consent to such examinations and understand that my employment is contingent upon successful completion of this pre-placement health assessment.

If accepted for employment, I agree to comply with established rules, policies, procedures and provide documents which prove I may legally work in the U.S.A. This includes, but is not limited to, those which relate to confidentiality, employment and universal precautions.

I understand that any employment by the Company will be employment at will; my employment can be terminated at any time, with or without cause and with or without notice at the option of the Company or myself. I understand that the terms and conditions of employment may be changed at any time without notice by the Company.

The "Company" refers to The HealthCare Group, LLC.

Applicant's Signature _____

Date _____

**THANK YOU FOR APPLYING AT
THE HEALTHCARE GROUP, LLC.**

Please return application to:

The HealthCare Group
8802 N. Meridian St., Suite 100
Indianapolis, IN 46260
Attn: Human Resources

EQUAL OPPORTUNITY EMPLOYER