

PRIOR WORK EXPERIENCE – Please provide at least three years employment history. A resume may be attached in lieu of completing this section.

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	<u>From</u> <u>To</u>	<u>From</u> <u>To</u>	<u>From</u> <u>To</u>
Position/Job Title			
Pay(per hour or annual)			
Reason for Leaving (<i>be specific</i>)			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature	Date
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The Fallbrook Healthcare Foundation dba, the Foundation for Senior Care provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, the Foundation for Senior Care complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. - See more at: http://www.shrm.org/templatestools/samples/policies/pages/cms_005022.aspx#sthash.fGyBYHFT.dpuf

Internal use only

Received:	Status:	
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