

Cherokee County Health & Rehabilitation Center Employment Application

Are you licensed / certified for the job you are applying for? Yes No

Name of license / certification: _____

Issuing State: _____ License certification number: _____

Has your license / certification ever been revoked or suspended? Yes No If yes, explain:

Employment History: (Start with most recent employer)

Employer: _____ Address: _____

Telephone No. _____ Date of employment: _____

Reason for Leaving: _____

Did you work a notice? Yes No Position held: _____

Supervisor's Name: _____

Employment History:

Employer: _____ Address: _____

Telephone No. _____ Date of employment: _____

Reason for Leaving: _____

Did you work a notice? Yes No Position held: _____

Supervisor's Name: _____

Employment History:

Employer: _____ Address: _____

Telephone No. _____ Date of employment: _____

Reason for Leaving: _____

Did you work a notice? Yes No Position held: _____

Supervisor's Name: _____

Employment History:

Employer: _____ Address: _____

Telephone No. _____ Date of employment: _____

Reason for Leaving: _____

Did you work a notice? Yes No Position held: _____

Supervisor's Name: _____

Authorization for Information Release

I, _____, hereby authorize the release of any of my employment history information requested by:

**Cherokee County Health & Rehabilitation Center
877 Cedar Bluff Road
Centre, AL 35960**

For the purpose of consideration for employment with Cherokee County Health & Rehabilitation Center, Centre, Alabama. Your prompt assistance and action on this request will be appreciated.

Signature

Date