

Employment Application Addendum

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

SS #: _____ Professional License #: _____

Position applying for: _____

List all other names or aliases you have ever previously been known by, including but not limited to nicknames, maiden names and other married names:

Do you have knowledge, or have you ever been notified, of being placed on the OIG Excluded Provider List or Excluded Parties List Service (EPLS.gov) maintained by the General Services Administration (GSA)? If yes, please specify the date(s) and reason(s). If you were at one time on such a list and have been subsequently removed – indicate applicable dates/reasons.

Have you ever had a professional license subject to suspension or revocation in this or any other state? If yes, please specify the date and reason:

Have you ever voluntarily relinquished your professional license in this or any other state? If yes, please specify the date and reason:

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that the above answers given are true and complete to the best of my knowledge. I understand that the facility may investigate all statements made in this Application and that any false or misleading information provided can result in a decision not to hire, immediate discharge if hired, and civil or criminal penalties as appropriate. I further understand that this Addendum is considered part of the original Application for Employment and shall be incorporated therein.

Signature: _____

Date: _____