

MILITARY EXPERIENCE			
Branch:	From:	To:	
Rank at Discharge:	Type of Discharge:		
If other than honorable, please explain:			

WORK HISTORY: Starting with your most recent employer, please provide the following information.

EMPLOYER	CITY	STATE	PHONE NUMBER
DATES OF EMPLOYMENT (FROM-TO)	POSITION	SUPERVISOR NAME.....MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ending Pay	Reason for Leaving		
Job Duties			

EMPLOYER	CITY	STATE	PHONE NUMBER
DATES OF EMPLOYMENT (FROM-TO)	POSITION	SUPERVISOR NAME.....MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ending Pay	Reason for Leaving		
Job Duties			

EMPLOYER	CITY	STATE	PHONE NUMBER
DATES OF EMPLOYMENT (FROM-TO)	POSITION	SUPERVISOR NAME.....MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ending Pay	Reason for Leaving		
Job Duties			

I certify the above information is correct and that any misrepresentation or false statement made as part of this application may be considered sufficient cause for immediate dismissal. I also grant permission for the authorities of Velocity Care to investigate my references and release Velocity Care from any liability resulting from such investigation. If hired I understand that the employment relationship is at-will and that both parties have the right to terminate the relationship at any time. If there is a termination event from Velocity Care I authorize the release of reference information on my work to a potential future employer.

I understand that before any offer or employment is finalized, I will be required to submit to a Urine Drug Screen. If test results demonstrate the presence of controlled substances not legitimately prescribed by a physician, then I will not qualify to be employed by Velocity Care.

Prior to testing, I agree to sign the Company's form wherein I, will agree to submit to such testing and authorize the release of the results to Velocity Care.

Signature: _____

Date: _____