
Background Employment Disclosure Form

This form is to be used by the DHP/VPro to confirm the termination date of the prior employer. This form cannot be used if there is a gap in employment over 90 days prior to the date of hire with the new company.

Please note, this will be sent to your requested facility for an exception on your behalf.

DHP/VPro Name:	
Name of Last Employer:	
Date of Termination:	
Date of Hire for New Employer:	

I hereby attest that I no longer work at the organization listed above and that there has not been a gap of more than 90 days prior to starting with my new company.

* If there is a gap, a new background check confirming employment history will need to be supplied.

DHP/VPro Signature:	
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Note: this form must be signed by the DHP/VPro.

PLEASE DO NOT WRITE IN THIS PORTION.

This will be filled out internally by HealthTrust Staff, to be sent for an exception on your behalf.

Type of File:	
<input type="checkbox"/> Initial <input type="checkbox"/> DE Upload <input type="checkbox"/> Vendor Change <input type="checkbox"/> Added Division <input type="checkbox"/> Other:	
System Platform: <input type="checkbox"/> DHP <input type="checkbox"/> VPro	
DHP/VPro Name & Staff Code:	
Classification:	
Certification or License Verified:	
Agency:	
Years' experience in current role:	
Specialist Name:	
SOS Experience Requirement:	
Experience <u>verified</u> on Background: <i>(Include copy of Background Check)</i>	
Experience <u>NOT verified</u>: <i>(Include copy of Background Check)</i>	

Division(s) on Account:					
Division	VP		Division	VP	
CWTX	Julie Hajek		CAP	Lesley Channell	
NTX	Jenifer Tertel		CON	Suzanne Kelley	
GC	Lauren Bright		EFL	Ben Bittner	
SAN	Barry Burns/Kelly Scott		NFL	Michelle Rozen	
MA	Anna Backman		WFL	K. Moore /P. Vance	
MTN	Kevin Allred		SA	Steve Burgess	
FW	Nate Bigler		TRI	Rich Lowe	

Facilities in account + Facility Contact <i>(Use Facility Contact Spreadsheet)</i>		
Facility / ASC Name	Contact Name	Contact Email