



EMPLOYMENT APPLICATION

Roseman University of Health Sciences
 11 Sunset Way
 Henderson, Nevada 89014

Section A: Personal Information			
Print Name:	Last	First	Middle Initial
Address (Street name and number)		Apt. #	
City	State		Zip Code
Phone Numbers:	Home	Cellular	Other
E-mail address			
If any of your relatives are employed at Roseman University of Health Sciences, please give their name(s), department(s), and relationship(s) to you.			
Position Desired		When are you available to start?	

Section B: Education	
(1) High School Name (complete if you have no college degree):	
Address (Street name and number)	
City	State Zipcode
If you have no High School Diploma do you have a GED? YES NO	
(2) Trade School / Vocational School	
Address (Street name and number)	
City	State Zipcode
Major:	Certificate / Degree earned:
(3) College / University Name	
Address (Street name and number)	
City	State Zipcode
Major:	Degree earned:
(4) College / University Name	
Address (Street name and number)	
City	State Zipcode
Major:	Degree earned:
(5) College / University Name	
Address (Street name and number)	
City	State Zipcode
Major:	Degree earned:

Section C: Professional Licenses / Certifications

(Applies when required by law to have a license to practice your profession, e.g. Pharmacy, PA, driver.)

Are you currently licensed in this state? YES NO

If yes, name type of professional license:

License Number

Date issued

List other states where you hold licenses

Has your license ever been revoked or suspended?

YES NO

If yes, please explain (please use the back page for additional information):

Section D: Employment History

Please provide employment information starting with your most recent. Staff positions provide up to 10 years of history; Faculty / Administrative positions provide entire history and explain gaps and any relevant information. CV/resume is not a substitute but may be attached as a supplement.

(1) Name of employer

Address (Street name and number)

Ste. #

City

State

Zip Code

Dates of employment (month / year – month / year)

Position held

Supervisor name and phone number

Summary of duties and responsibilities (please use back page for additional information if necessary)

Reason for leaving

(2) Name of employer

Address (Street name and number)

Ste. #

City

State

Zip Code

Dates of employment (month / year – month / year)

Position held

Supervisor name and phone number

Summary of duties and responsibilities (please use back page for additional information if necessary)

Reason for leaving

Section D: Employment History (Continued)

Please provide employment information starting with your most recent. Staff positions provide up to 10 years of history; Faculty / Administrative positions provide entire history and explain gaps and any relevant information. CV/resume is not a substitute but may be attached as a supplement.

(3) Name of employer

Address (Street name and number)

Ste. #

City

State

Zip Code

Dates of employment (month / year – month / year)

Position held

Supervisor name and phone number

Summary of duties and responsibilities (please use back page for additional information if necessary)

Reason for leaving

(4) Name of employer

Address (Street name and number)

Ste. #

City

State

Zip Code

Dates of employment (month / year – month / year)

Position held

Supervisor name and phone number

Summary of duties and responsibilities (please use back page for additional information if necessary)

Reason for leaving

(5) Name of employer

Address (Street name and number)

Ste. #

City

State

Zip Code

Dates of employment (month / year – month / year)

Position held

Supervisor name and phone number

Summary of duties and responsibilities (please use back page for additional information if necessary)

Reason for leaving

Section E: Employability

Are you legally eligible to work in the United States? YES NO		Are you at least 18 years old or older? YES NO	
Have you ever been convicted of a felony? YES NO		Have you ever been convicted of a misdemeanor involving any violent act, use or possession of a weapon, act of dishonesty or of a sexual nature, for which the record has not been sealed or expunged? YES NO	
<p>If you answered "yes" to either or both questions above, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case (please use back page for additional information if necessary). Conviction of a crime does not automatically disqualify you from employment. Such factors as age, date of conviction, seriousness and nature of the crime will be considered.</p>			

Section F: References

Provide names of three individuals who have worked with you whom we may contact for references. (No relatives please).

(1) Name		Title	
Employer			
Address (Street name and number)		Ste. #	
City	State	Zipcode	Phone Number
E-mail address		Relationship to you	
(2) Name		Title	
Employer			
Address (Street name and number)		Ste. #	
City	State	Zipcode	Phone Number
E-mail address		Relationship to you	
(3) Name		Title	
Employer			
Address (Street name and number)		Ste. #	
City	State	Zipcode	Phone Number
E-mail address		Relationship to you	

Section H: Certification

I hereby certify that I have not knowingly withheld any information and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Roseman University of Health Sciences to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the university any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the university, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant Signature: _____

Date: _____

Roseman University of Health Sciences is an equal opportunity educational institution and employer.

Roseman University of Health Sciences is committed to equal employment opportunity. We will not discriminate against employees or applicants for employment on any legally-recognized basis including, but not limited to: veteran status, race, color, religion, sex, national origin, age, pregnancy, sexual orientation, genetic information, gender identity and physical or mental disability