

EMPLOYMENT HISTORY

List all periods of employment, military service, and volunteer service (optional) for the past ten years, most recent first. Include periods of unemployment. Attach additional pages if needed.

Company name:	Telephone number:
Address:	Employed (month/year) From: ____/____ To: ____/____
Supervisor's name:	Annual Salary:
May we contact this employer for reference? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Job title:	Reason for leaving:
Job Duties:	
Company name:	Telephone number:
Address:	Employed (month/year) From: ____/____ To: ____/____
Supervisor's name:	Annual Salary:
May we contact this employer for reference? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Job title:	Reason for leaving:
Job Duties:	
Company name:	Telephone number:
Address:	Employed (month/year) From: ____/____ To: ____/____
Supervisor's name:	Annual Salary:
May we contact this employer for reference? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Job title:	Reason for leaving:
Job Duties:	
Company name:	Telephone number:
Address:	Employed (month/year) From: ____/____ To: ____/____
Supervisor's name:	Annual Salary:
May we contact this employer for reference? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Job title:	Reason for leaving:
Job Duties:	

EDUCATION & SKILLS

Required: List all diplomas, certificates, and degrees (i.e., high school diploma, college degree, nursing certificate), month/year attended to include from and to.

High School/ College/Trade School Name	City/State	Dates Attended Month/Year From/To	Major	High School Diploma/ Degree (Yes/No)

List any other names used as a student:

PROFESSIONAL, LICENSE, REGISTRATION OR ACCREDITATION

TYPE/LICENSE NUMBER	TYPE/REGISTRATION	ISSUE/EXPIRATION DATE	CITY/STATE

Specialties in which you are qualified or have special training/experience:

List any job-related professional or technical organizations to which you belong (you may omit any that might indicate your race, national origin, disability or your other legally protected categories):

Computer programs you are able to use and other job-related skills:

Typing speed	Shorthand Speed	Other Office Machines:
Words per minute:	Words per minute:	

JOB REFERENCES

List former supervisors or others who can attest to your experience and job-related performance.

Name	Address & Telephone No.	Relationship	Years

EMERGENCY CONTACT INFORMATION

Primary Contact #1- Last Name First Name MI	Relationship to Employee	Home Telephone Number
Street Address	Work Phone Number	Cellular Phone Number
City State Zip	Message Phone	Alternate Phone Number
Primary Contact #2- Last Name First Name MI	Relationship to Employee	Home Telephone Number
Street Address	Work Phone Number	Cellular Phone Number
City State Zip	Message Phone	Alternate Phone Number

SPECIAL COMMENTS

You may, at your option, provide additional information in the space below regarding your qualifications for the job for which you are applying.

Please initial each item (1-4):

- 1.____ I understand that if I am offered employment, I will, as a condition of employment, be required to submit proof of my identify and legal right to work in the United States.

- 2.____ The facts set forth in my application for employment are true and complete. I understand that, if I am employed, any false statement, misrepresentation or omission of facts on this application, on any supporting documents, or provided orally, regardless of when discovered to be false, will result in my immediate dismissal. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate Watts HealthCare Corporation in any way if Watts HealthCare Corporation decides to employ me.

- 3.____ Watts HealthCare Corporation is an "at-will" employer. This means that associates are free to leave Watts HealthCare Corporation's employ at any time they wish, with or without notice, for any reason they deem appropriate. Watts HealthCare Corporation may also terminate employment with or without cause, at any time, with or without notice. Watts HealthCare Corporation may also alter any position or impose any form of discipline it determines is appropriate, at any time. If I am hired by Watts HealthCare Corporation, this at-will policy shall become a term of my employment. The only exception to at-will status can be by a specific written agreement signed by the Chief Executive Office.

- 4.____ I authorize the investigation of all statements contained in this application and any supporting documents. Watts HealthCare Corporation is hereby authorized to secure information about my experience and qualifications from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and qualifications for the job for which I am applying, whether or not it is in their records, and I hereby release all parties from any liability arising from such investigations.

Acknowledgment and Certification

I certify that all statements on this application are true and complete to the best of my knowledge. I understand that false or incomplete statements shall be sufficient for disqualification or dismissal.

Applicant's Signature

Date

In order that we may verify education records and previous employment, please indicate any other name(s) under which you have gone to work or school:

Other name(s)

WATTS HEALTHCARE CORPORATION

HUMAN RESOURCES DEPARTMENT

WATTS HEALTHCARE CORPORATION has an affirmative action policy to ensure equal employment opportunity and to comply with government regulations.

THE INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE USED FOR STATISTICAL PURPOSES.

Position Applying For

Today's Date

ETHNIC GROUP (Please check the one box which best identifies you:

- American Indian or Alaskan Native
- Asian (Chinese, Japanese, Korean, Indian, etc.)
- Native Hawaiian or Other Pacific Islander
- Black or African American
- Caucasian
- Hispanic (Mexican, Cuban, Colombian, Chilean, Nicaraguan, etc.)
- Two Or More Races

Do you have a disability that would require an accommodation in order to perform the responsibilities of the position for which you are applying?

- Yes No