

Are you CPR certified or registered by any professional organization? yes no

If yes, please specify _____

Registration of License No. _____ Expiration Date _____ Type _____

Language ability - List those you could use in the position applied for:

| | | | |
|--------------------|-------|------|-------|
| Language(s): _____ | Speak | Read | Write |
| _____ | Speak | Read | Write |

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the company unless I have indicated to the contrary. I authorize the references listed above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

I understand that no employee or representative of the company other than the Executive Director of the company has any authority to enter into any agreement for employment relationship unless he does so specifically and in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the U.S.

Applicant Signature

Date