

Employment Application



Personal Information

- Terrace Health Independence, MO
- Terrace Health Springfield, MO
- Terrace Health Boise, ID

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Phone

Email Address

Position Applying For

Professional License Number

Are you a veteran?

- Yes No

Are you legally authorized to work in the United States?

- Yes No

Have you ever been convicted of a felony?

- Yes No

If yes, please explain:

Can you provide your seasonal vaccination record for Influenza and COVID-19?

- Yes No Other

If other please explain:

I understand that working in a healthcare environment will place you at greater risk for potential exposure to communicable diseases like Influenza, COVID-19, and other; and I accept that as part of the nature of the job.

- Yes No Other

If other please explain:

References - Reference 1

Reference Name

Reference Title

Reference Email Address

Reference Phone

References - Reference 2

Reference Name

Reference Title

Reference Email Address

Reference Phone

List any additional skills you would like to mention:

As an employee of Sunterra Springs, I understand that I will be required within reasonable circumstances to receive or provide proof of receipt of the recommended seasonal vaccinations as directed by the CDC. By submitting an application I agree to these terms.

Signature

Date