ALL TEMPORARIES MIDWEST 4200 CENTRAL AVE NE COLUMBIA HEIGHTS, MN 55421

Ph: 952-941-1064 Fax: 952-941-0581

Please provide a work history of all health care facilities you have worked at during the past 7 years, including hospitals, clinics, nursing homes, assisted living, group homes or any other health care related positions in any facility, whether you worked directly as an employee of the facility or worked for the facility via another company or staffing firm. The purpose of this information is to allow us to inform our clients in advance in cases where you have worked for them previously.

Please provide month and year for the "from" and "to" dates. Provide the name and city of the facility (include state if it was not in Minnesota). For the "Direct Employee" question, circle "Y" if you were a direct employee of the facility, circle "N" if you worked for a staffing company. For the "Good Terms" question circle "Y" if you left on good terms and could work there again (if you wanted to), circle "N" if you did not leave on good terms. For "Work There Again", circle "Y" if you would like to work there again.

From:	To:	Facility Name:	City / State	Direct Employee	Good Terms	Work There
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I, (Print Your information is	Name)accurate and complete.	, here	by certify	that th	ie above
Date:					
Signature:					