

CHESAPEAKE HOME HEALTH CARE INC.

CLINICIAN PROFILE SHEET

We consider all applicants for all positions without regards to race, color, religion, sex, national origin, age, marital or veteran status, handicap, or any other legally protected status.

(PLEASE PRINT OR TYPE)

Personal Information		
Last Name	First Name	Middle Initial
Present Address		
Permanent Address		
Phone Number ()	Alternate Phone Number (Mobile)	
EMAIL ADDRESS (Required)		
Who may we contact in case of emergency?		
Name	Relationship	
Address		
Phone Number	Alternate Phone Number	

Educational Information					
School Level	Name & Location of School (City & State)	Dates Attended	Did you Graduate?	Diploma/ Degree	Subject(s) Studied
High School					
College/University (Undergraduate)					
Nursing School (Required)					
Do you speak any foreign languages? Yes <input type="checkbox"/> No <input type="checkbox"/>	List of languages spoken fluently:				

License Number: (required) _____

Tax ID Number: (required) _____

Date of Birth: _____

CHESAPEAKE HOME HEALTH CARE INC.

SPECIALIZED EXPERIENCE (Circle All that Apply)

IV Team	Neuro Unit	ICU	Pediatric
			How many years: _____
Hyperalimentation	Wound/Skin Care	CCU	OB
Dialysis	Orthopedics	ER	NICU
Med/Surgical Ward	Burn Unit	PICU	Ventilator Experience
			____Home Care
			____Institutional

Work History (Current and Former Clients or Employers)

Dates of Service Start - End	Company, Name, Address & Phone Number	Job Title Position	Duties (Please specify)	Reason for Leaving	Previous Rate Starting- Ending Rate

AUTHORIZATION

I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, any falsified statements on this application shall be grounds for dismissal.

SIGNATURE OF APPLICANT

DATE

I agree in consideration of Chesapeake placing me on an assignment, that I will not, for a period of 365 days after I cease an assignment with Chesapeake, seek employment with or provide services to any clients (patient or family) to whom I have been assigned to work by Chesapeake, unless I receive written permission from Chesapeake. I will not provide services to such a client as an employee directly, or as an employee or independent contractor of another agency. I understand and agree that if I violate this agreement, or threaten to do so, Chesapeake shall obtain an injunction restraining me from any further violation. In addition, in lieu of compensatory damages and at Chesapeake's election, I agree to pay as liquidated damages an amount to be determined by Chesapeake. I further agree to pay Chesapeake' reasonable cost incurred in compelling compliance with this agreement, including but not limited to, attorney's fees.

SIGNATURE OF APPLICANT

DATE