

Question Set by Candidate

Job Title: Advanced Practice Provider Post Graduate Trainee

Candidate Name:

Candidate E-mail:

Candidate Phone Number:

Question Value

Can you provide documentation
which authorizes you to work in yes no
the United States?

How did you hear about ICHS? Job Fair
Employee Referral (If you were referred by a current ICHS Employee,
please write in their name). _____
Other: _____
N/A

What is your desired salary or hourly wage? _____

By writing my full complete name, I certify the information contained in this
application is true, correct, and complete. I understand that, if
employed, false statements reported on this application may be considered
sufficient cause for dismissal. _____

Do you believe you are capable of performing the essential functions of the job--with or without reasonable accommodation--for which you are applying?

yes no

If you require any accommodation during the application, testing, or interview process, you may note them here if you wish.

Do you have immediate family members or any relatives currently working for ICHS?

yes no

If you answered yes to the question above, please write the name(s) of the family member(s) / relative(s) and job title:

Do you speak any additional languages Other than English?

How many years of relevant experience do you have?
