



FIRST NAME: _____ MI: _____
LAST NAME: _____ DATE OF BIRTH: _____
STREET: _____ HOME PHONE: _____
CITY: _____ CELL PHONE: _____
STATE: _____ SS#/FEIN: _____
ZIP CODE: _____ SEX: (circle) MALE / FEMALE
COUNTY: _____ E-MAIL (optional) _____

(Please circle your answer)

Married	Yes	No
Military	Yes	No
Viet. Vet.	Yes	No
U.S. Citizen	Yes	No
Disabled Vet.	Yes	No

EMERGENCY CONTACTS

1. NAME: _____ PHONE: _____
RELATIONSHIP: _____ ADDRESS: _____

2. NAME: _____ PHONE: _____
RELATIONSHIP: _____ ADDRESS: _____

PROFESSIONAL REFERENCES

1. NAME _____ TELEPHONE # _____

RELATIONSHIP _____ # OF YEARS KNOWN _____

2. NAME _____ TELEPHONE # _____

RELATIONSHIP _____ # OF YEARS KNOWN _____

3. NAME _____ TELEPHONE # _____

RELATIONSHIP _____ # OF YEARS KNOWN _____

I certify that all statements herein are true and complete and that any misrepresentation or willful omission shall be sufficient cause for dismissal from assignment through Matheny.

The Matheny Medical and Educational Center also reserves the right to change policies/procedures and/or terms of internships or independent contractors at any time.

I understand that federal law prohibits the employment of unauthorized aliens; to be an intern or an independent contractor with Matheny, I must submit satisfactory proof of eligibility to work in the United States within the first 3 days of my assignment at Matheny. Failure to submit such proof will result in denial of assignment. I understand the successful completion of a medical examination and a Criminal History Review are prerequisites for assignment at Matheny as an intern or an independent contractor.

The Matheny Medical and Educational Center is authorized to thoroughly investigate my work and personal history and verify all data given on this Data Form, on related papers, and in interviews. I authorize all individuals, schools, firms named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

SIGNATURE _____ DATE _____