



Legal Questionnaire

Name: _____

Date: _____

Position applied for: _____

Have you ever:

1. Been named as a defendant in a malpractice action? _____ If yes, when? _____

Who was your employer at the time? _____

2. Had a license or certification in any jurisdiction limited, suspended, revoked, or voluntarily relinquished?

_____ If yes, when? _____ In what state? _____

3. Been licensed or practiced under a different name? _____

If yes, under what name? _____ In what state? _____

4. Are you eligible to work in the United States? Yes No Alien ID number _____ (If applicable)

5. Been denied a license? _____ If yes, what state? _____ When? _____

What reason: _____

6. Been convicted by misdemeanor, felony including traffic violations? _____

If yes, when? _____ In what state? _____ What county? _____

7. Been arrested and are you out on bail on your own recognizance and still awaiting trial? _____

8. Been released or discharged from employment or resigned to avoid such release or discharge? _____

If yes, please provide the dates and circumstances: _____

9. Had your driver's license suspended or revoked? _____ If yes, when? _____

Please explain why? _____

My signature certifies that all information contained within my application is correct and maybe verified by Austere International Healthcare L.L.C. in compliance with the Ohio Law. It also acknowledges that I am aware that it is my responsibility to review policy and procedure documents of each hospital/facility in which I work, prior to beginning my initial shift.

Applicant's Signature _____ Date _____ Position _____