

Location Name: _____

Location Number: _____

Employment Application Supplement

I attest that to the best of my knowledge that I am not an “Ineligible Person” who is currently excluded, debarred or otherwise ineligible to participate in the federal health care programs or in federal procurement or non-procurement programs. To the best of my knowledge, I am not listed on the General Services Administration’s List of Parties Excluded from Federal Programs nor on the HHS/OIG List of Excluded Individuals/Entities. Furthermore, I have never been convicted of any felony criminal offense.

Social Security Number: _____

Print Full Name: _____
First Name, Middle Name, Last Name

I understand that any falsification of information on this form will be grounds for termination of my employment from NHC. I understand that NHC will use information on this form to determine if I am an “Ineligible Person” by comparing information on this form to the General Services Administration’s List of Parties Excluded from Federal Programs and to the HHS/OIG List of Excluded Individuals/Entities. Further, I understand that a criminal background check of public records will be made to determine if I have ever been convicted, plead guilty to or plead nolo contendere to any felony or misdemeanor offense.

(Signature)

(Date)

This completed form should be attached to the applicant’s original employment application.