

**HEALTHCARE MANAGEMENT SYSTEMS**

**FIDELITY BOND APPLICATION**

Employee's Name: \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Previous Address (If less than 5 years at current address, include street, city, state):  
\_\_\_\_\_

SSN#: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Do you own or rent you home? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Have you ever had your wages garnished? \_\_\_\_\_

Have you ever been convicted, sentenced or imprisoned? \_\_\_\_\_

If so, why, when and where? \_\_\_\_\_

List below the names of personal references:

<b>Name</b>	<b>Address</b>	<b>Phone</b>

In consideration of the issuance and continuance of fidelity coverage on my behalf, I hereby attest agreement to the following:

- A. The above information is true and correct and I will be personally responsible for any fraudulent statement or omission.
- B. If any former or present employer or any other person shall, in good faith furnish any information concerning me, I hereby release them and each of them as well as Advantage Nursing Services, its employees, and representatives from any liability.
- C. All wages or other pay which may be due from my employer to me, may be applied against any cost, damages or expenses or to the reimbursement for any amounts paid on account thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_