

Application for Employment

Name _____
Last First Middle Initial

Current Address _____
Street Address City State Zip code

Permanent Address _____
Street Address City State Zip code

Home Phone _____ Best Time of the Day to reach you: AM PM

Alternate Phone Number _____ Email Address _____

Person to Notify in Case of Emergency _____
Name Relationship

_____ Street Address City State Zip Code

Professional Discipline _____ Specialty _____

Social Security Number _____ Date available to work _____

How did you learn about us? _____

Employment Desired: Temporary Direct Hire Temp-Hire

Education

Education	Name and Address of School	Phone	Graduation Date
Professional Education			
Graduation Education			
Certificate Program/Other			

Degree Type

Associate BSN Diploma MSN Certification Other: _____

PLEASE INDICATE YOUR CURRENT CREDENTIALS	LIC/CERT #	EXP. DATE

**** PLEASE ATTACH COPIES OF CREDENTIALS YOU CURRENTLY HOLD****

Professional Experience

Specialty (List most current experience)

- 1. _____ Years of Experience _____ As of (indicate date) _____
- 2. _____ Years of Experience _____ As of (indicate date) _____
- 3. _____ Years of Experience _____ As of (indicate date) _____

Professional Organizations

Specialty (List most current experience)

- 1. _____ Year joined _____ Position held _____
- 2. _____ Year joined _____ Position held _____
- 3. _____ Year joined _____ Position held _____

Additional Information

- 1) Have you ever been convicted of a crime? Yes No

If "yes", list all convictions, starting with the date, nature of offense (s) and where they occurred. **A conviction will not automatically disqualify you from employment.**

- 2) Have you ever been excluded from participation in the Medicare or Medical/Medicaid Program? Yes No
- 3) Did another employee refer you? Yes No
If yes, give the name of the employee _____
- 4) Are you legally eligible to work in the United States? Yes No

Other names under which you have been employed _____

Employment Profile

Please indicate all of your employment for the past seven years, beginning with your most recent employer.
Are you employed now? Yes No If so, may we contact your present employer? Yes No

Facility/Employer _____	Dept. _____
Street Address _____	City _____ State _____ Zip code _____
Dates Employed: From _____	To _____ Reason for Leaving _____
Position Held _____	Specialty _____
Supervisor's Name and Title _____	Phone _____
Other Supervisors? _____	Phone _____
Local staff agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Local staff agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Local staff agency? <input type="checkbox"/> Yes	<input type="checkbox"/> No

Please document reasons for periods you were not employed:

Applicant Statement

I certify that all statements made in this application are true and complete to the best of my knowledge and authorize investigation of all statements made. I authorize the references listed to give any and all information concerning my previous employment and any other pertinent information and release all parties from all liability for any damage that may result from furnishing it. **I recognize that employment is contingent on satisfactory completion of authorized reference checks, background check, and drug screen.**

I understand that if offered employment, I may be required to undergo and successfully complete a post-offer medical history including drug/alcohol screen and proof of immunization. In addition, I may be required to complete a background check.

If hired, I agree to abide by all rules and regulations of the company.

I understand that employment is for no definite period and can be terminated at any time with or without notice by either the company or myself.

Signature: _____ **Date:** _____