



Employment Application

Personal Information

Today's Date: _____

Name: Last _____

First _____

Middle _____

Telephone Number _____

Address _____

Social Security Number _____

City _____

State _____

Zip Code _____

Nursing License Number _____

Employment Information

Position Desired _____

Part-time

Full-time

Shift Preference _____

First

Second

Third

Date Available for Work _____

Do you possess a valid driver's license?

YES

NO

Do you have your own transportation?

YES

NO

Have you applied here before?

YES

NO

If so, when? _____

Have you ever been convicted of a felony or misdemeanor?

YES

NO

Details _____

(You will not be denied employment solely because of a conviction record, unless the offense is related to the work for which you have applied.)

Qualifications & Experience

Education:

Did you graduate?

High School _____

YES

NO

College _____

YES

NO

Nursing School _____

YES

NO

Technical Training _____

YES

NO

Qualifications & Experience *continued*

Do you have any physical limitations that would prevent you from performing the work for which you are applying? (75 lb. weight limit)

YES NO Explain _____

Do you have CPR certification? YES NO Expiration date _____

Briefly describe your experience in the health care field _____

Why do you want to work for this agency? _____

Past and Present Employers

Current Employer _____ Phone _____

Address _____ Position _____

_____ Date Started _____

May we contact? YES NO Salary _____ Supervisor _____

Past Employer _____ Phone _____

Address _____ Position _____

_____ Date Started _____

May we contact? YES NO Salary _____ Supervisor _____

Date started _____ Date ended _____ Reason for leaving _____

Past Employer _____ Phone _____

Address _____ Position _____

_____ Date Started _____

May we contact? YES NO Salary _____ Supervisor _____

Date started _____ Date ended _____ Reason for leaving _____

Reference *(Please do not list relatives or personal friends)*

Name _____ Phone _____

Address _____ How I know _____

Years known _____

Name _____ Phone _____

Address _____ How I know _____

Years known _____

Name _____ Phone _____

Address _____ How I know _____

Years known _____

Emergency Contact

Name _____ Phone _____

Address _____ Relationship to you _____

"I certify that the facts contained in this application are true and complete and to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you."

Signature _____ Date _____