



**Personal Data**

Legal Name ( <i>Last, First, M.I.</i> )		Social Security		Position Applying For	
Are you 18 years old or older?			Do you have a valid drivers license?		
County in which you reside:			Driver License #:		
Is there any additional information relative to change of name, use of any assumed name, or nickname necessary to permit a background check of your work and educational records? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide any past name(s), and dates used so we may verify employment and education:					
Name	From: / /	To: / /	Name	From: / /	To: / /
Address (List all addresses from the past 7 years.)					
Current Address	Street	City	State	Zip Code	Years at Address
Previous Address	Street	City	State	Zip Code	Years at Address
Home Telephone No.		Current Work Telephone No. (Calls kept confidential)		Cellular Telephone No.	
Email Address		Can you produce evidence of the right to work while in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of work are you interested in? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contingent		When will you be available for work?	Have you ever held a position with the company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When? What Position?		

**Education**

School Name ( <i>City, State Required</i> )	Major/Minor	Graduate	Type of Degree	Grade Point Average
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Licenses, Certifications ( <i>Include agency and/or state of issue if applicable.</i> )				

**Employment (List all employment during the past 10 years. If you need more space use additional paper.)**

(1) Employer's Name	Address	Street	City	State	Zip Code
Job Title	Supervisor's Name/Title		Supervisor's Telephone No.		Dates of Employment (mm/dd/yy) From / To /
Beginning Compensation Base Salary / Wages		Ending Compensation Base Salary / Wages		Reason for Leaving	
(2) Employer's Name	Address	Street	City	State	Zip Code
Job Title	Supervisor's Name/Title		Supervisor's Telephone No.		Dates of Employment (mm/dd/yy) From / To /
Beginning Compensation Base Salary / Wages		Ending Compensation Base Salary / Wages		Reason for Leaving	

(3) Employer's Name	Address	Street	City	State	Zip Code
Job Title	Supervisor's Name/Title		Supervisor's Telephone No.	Dates of Employment (mm/dd/yy) From / To /	
Beginning Compensation Base Salary / Wages		Ending Compensation Base Salary / Wages		Reason for Leaving	

**U.S. Military** (Active Duty Including Reserve or National Guard Service.)

Branch of Service	Rank	Type of Discharge	Special Skills of Training Acquired in Service
-------------------	------	-------------------	--

**Computer Skills**

Typing _____ wpm	List software packages with which you have experience.
------------------	--

**Languages**

Language	<input type="checkbox"/> Speak	Language	<input type="checkbox"/> Speak	Language	<input type="checkbox"/> Speak
	<input type="checkbox"/> Read		<input type="checkbox"/> Read		<input type="checkbox"/> Read
	<input type="checkbox"/> Write		<input type="checkbox"/> Write		<input type="checkbox"/> Write

**Background Information**

*When completing this section, do not disclose information regarding convictions that have been judicially erased, sealed, eradicated, impounded or dismissed. Do not disclose information regarding juvenile court convictions or minor civil traffic violations. A conviction record does not automatically bar you from employment. All of the job-related circumstances surrounding convictions will be considered.*

1. In the last 7 years, have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation or parole for any felony? \_\_\_\_\_
2. In the last 7 years, have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation or parole for any misdemeanor? \_\_\_\_\_
3. Do you currently have felony charges pending? \_\_\_\_\_
4. Are you currently on probation? \_\_\_\_\_
5. If you answered Yes to any of questions above, please explain completely.

**Business References** (Provide three business references.)

Name	Job Title	Addresses	Telephone No.

**How Were You Referred to the Agency?**

- Print Advertisement \_\_\_\_\_  Internet \_\_\_\_\_
- Employee Referral (Name) \_\_\_\_\_  Other \_\_\_\_\_

**PLEASE INDICATE YOUR SCHEDULE AVAILABILITY, TRAVEL AVAILABILITY AND SKILLS**

Please circle days available	M	T	W	TH	F	SAT	SUN	Comments:	
Please circle shift available	Days	Afternoons	Midnights	<8 hour shift	8 hour shift	10/12 hour shift			
Number of weekends available to work per month:	Are you available to work some holidays?					YES	NO		
What locations (area, cities) are you willing to work?									
Willing to drive	miles each way to work	Clinical Experience	Hospital	Home Care	ICU	NICU			
Please rate your knowledge/skills (1 low-5 high):			Trach	Vent	Quad Care	G Tube	IV	Adult	Pediatric

**AUTHORIZATION AND UNDERSTANDING:**

**Release of Prior Personnel Records**

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I understand that you may verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. I understand that no verification of my credit history or request for a "consumer report" under the Fair Credit Reporting Act may be undertaken by you without my express written authorization in a separate document. By signing this application, and in the case of a consumer report under the Fair Credit Reporting Act, should I sign the separate Authorization for credit reports on me, I release you and them from any liability whatsoever arising out of any information request or disclosure. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

**At-Will Employment Status**

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE PRESIDENT OF THE COMPANY, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE PRESIDENT. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the Company as they are from time to time changed and that no additional obligations can be imposed by me on the Company except those which have been acknowledged, in writing, by the Company President or his/her designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) are known.

I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH THE COMPANY OR ANY OF ITS SUBSIDIARIES MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date