

**EMPLOYMENT APPLICATION**



**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
 First Middle Last Area Code + Phone Number

**Present Address** \_\_\_\_\_

List any other name(s) by which you have been known by pervious employer(s) or educational institution(s): \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Are you 18 or over?** \_\_\_\_\_

Have you ever been excluded from providing patient care to those receiving Medicare or other federally funded health care programs?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Do you have a record of founded child or dependent adult abuse? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

**Job Interests**

Position desired \_\_\_\_\_ Date available \_\_\_\_\_

Alternate Choice \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ PRN \_\_\_\_\_ Temp \_\_\_\_\_ Summer \_\_\_\_\_

If part-time, how many hours per week? \_\_\_\_\_

Please circle the days you are willing to work S M T W T F S

What shifts can you work? Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ Holidays \_\_\_\_\_

What is your expected starting salary? \_\_\_\_\_

Have you ever been employed by this organization before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

List the name and relationship of any relative currently employed by this organization \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_ Friend \_\_\_\_\_ Job Posting \_\_\_\_\_ Walk-In \_\_\_\_\_

Advertisement (please list publication) \_\_\_\_\_

Can you, if hired, submit verification of your legal right to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the immigration Reform & Control Act of 1986.

**Educational Record**

School	Name & Address of School	Course of Study	(Optional) Years Attended From To	Circle Last Year Completed	Did You Graduate?	Degree/Diploma
Post High School (i.e. College, School of Nursing, Vocational, Technical School, Graduate Level)				1 2 3 4	___ Yes ___ No	
				1 2 3 4	___ Yes ___ No	
				1 2 3 4	___ Yes ___ No	
				1 2 3 4	___ Yes ___ No	
High School				9 10 11 12	___ Yes ___ No	

Academic honors or special recognition \_\_\_\_\_

Have you ever served as a volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain where and when you volunteered, what skills you used, and what jobs you performed.

Present or most recent Employer.  Employment Dates  From _____  To _____	Name of Employer		Address		Telephone Number (    )       -	
			Street			
			City                      State			
	Your Position	Last Supervisor		Starting Salary		Final Salary
	Description of Work Performed					
Reason for Leaving						
May We Contact This Employer? Yes _____ No _____						
Present or most recent Employer.  Employment Dates  From _____  To _____	Name of Employer		Address		Telephone Number (    )       -	
			Street			
			City                      State			
	Your Position	Last Supervisor		Starting Salary		Final Salary
	Description of Work Performed					
Reason for Leaving						
May We Contact This Employer? Yes _____ No _____						
Present or most recent Employer.  Employment Dates  From _____  To _____	Name of Employer		Address		Telephone Number (    )       -	
			Street			
			City                      State			
	Your Position	Last Supervisor		Starting Salary		Final Salary
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			Street			
			City                      State			
	Your Position	Last Supervisor		Starting Salary		Final Salary
	Description of Work Performed					
Reason for Leaving						
May We Contact This Employer? Yes _____ No _____						

**ADDITIONAL INFORMATION**

If applicable, list all professional licensure information:

Profession \_\_\_\_\_ State issued \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Profession \_\_\_\_\_ State issued \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

If applicable, list all professional registration/certification information:

Organization/Profession \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Organization/Profession \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

If applicable, please list any other professional credentials that you feel would relate to the position(s) for which you are applying (i.e. ACLS, BCLS, CPR):

\_\_\_\_\_  
\_\_\_\_\_

If applicable, present level of typing \_\_\_\_\_ WPM

Please state any additional information you believe would be important in considering your application:

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES (must be professional work related references)**

Give Name(s) of person(s) we may contact to verify your qualifications for the position		
Name	Occupation	Organization
Relationship	Telephone Number	Address
Name	Occupation	Organization
Relationship	Telephone Number	Address
Name	Occupation	Organization
Relationship	Telephone Number	Address

**PLEASE READ AND SIGN**

To the best of my knowledge, all of the information I have submitted on this application is true and complete. I understand that any omission or falsification of information will be sufficient cause for disqualification from further consideration for employment or for dismissal.

I voluntarily give this organization the right to make a thorough investigation of my personal or past employment history and education, agree to cooperate in such investigation, and authorize any former employer, person, firm, or corporation to give this organization any information they may have regarding me. In consideration of this organization’s review of this application, I release this organization and all providers of information from any liability as a result of furnishing and receiving this information. I understand that any offers of employment are contingent on successful completion of the post-offer exam, which includes drug screen and background checks.

I understand employment at this organization is “at will,” which means employment may be terminated by the employee or by this organization at any time, with or without cause. I further understand employee benefits, terms and conditions of employment and the policies, procedures, and work rules of the organization may be determined, changed, and modified from time to time by this organization without limitation or agreement. I also understand any employment handbooks or manuals that may be distributed to me by this organization shall not be construed as a contract.

I hereby agree that if I become employed by this organization I consent to the release of all my future educational records involving classes, coursework, seminars, and all other educational programs in which I am enrolled or attend and for which a portion or all of the enrollment fee or tuition will be paid by this organization to an accredited higher education institution. This consent will be effective on my date of employment and until I specifically revoke it in a signed and dated writing delivered to the higher education institution.

Date \_\_\_\_\_ Applicant’s Signature \_\_\_\_\_