



Application for Employment

PLEASE PRINT

Equal access to programs, services, and employment is available to all persons. Those applications requiring reasonable accommodation to the Application and/or interview process should notify a representative of the Human Resource Department.

Position(s) applied for _____ Date of Application _____

Name: _____
Last First Middle

Address: _____
Street Apt. # City State/Province Zip Code

Telephone#: () - Mobile/Beeper/Other Phone#: () - Social Security#: _____

Email Address: _____

If necessary, best time to call you at home is _____ AM PM _____

May we contact you at work? _____ Yes No

If yes, work number and best time to call _____ AM PM _____

In case of emergency, please contact _____ Telephone#: _____

If you are under 18 and it is required, can you furnish a work permit? _____ Yes No

If No, please explain _____

Have you submitted an application here before? _____ Yes No

If Yes, give date(s) _____ From ___/___/___ To ___/___/___

Are you legally eligible for employment in this country? _____ Yes No

Date available for work _____ / ___ / ___

Type of employment desired _____ Full-time Part-time Shift _____ Days Nights

Will you relocate if job desires it? _____ Yes No Will you travel if job requires it? _____ Yes No

Are you able to meet the attendance requirement of the position? _____ Yes No

Will you work overtime if required? _____ Yes No

If No, please explain _____

Have you ever been convicted of a crime in the last seven (7) years? _____ Yes No

If Yes, please explain _____

Conviction will **not** necessarily bar employment. Each instance & explanation will be considered in relation to the position for which you are applying.

Driver's license number if driving is an essential job function _____ State _____

Referral Source Online Advertisement Employee Relative Walk-in

Online Search Print Advertisement Other

Name of source (if applicable) _____

An Equal Opportunity Employer

Employee History

Provide the following information for your past and current employees, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer:	Tel #:()	Summarize the type of work performed and job responsibilities
Type:	<input type="checkbox"/> Agency <input type="checkbox"/> Facility	
Address:		
Job Title:	Immediate Supervisor & Title:	
Dates employed:	Hourly Rate / Salary	
From: To:	\$	
Reason for leaving:		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Tel #:()	
Type:	<input type="checkbox"/> Agency <input type="checkbox"/> Facility	
Address:		
Job Title:	Immediate Supervisor & Title:	
Dates employed:	Hourly Rate / Salary	
From: To:	\$	
Reason for leaving:		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Tel #:()	
Type:	<input type="checkbox"/> Agency <input type="checkbox"/> Facility	
Address:		
Job Title:	Immediate Supervisor & Title:	
Dates employed:	Hourly Rate / Salary	
From: To:	\$	
Reason for leaving:		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Tel #:()	
Type:	<input type="checkbox"/> Agency <input type="checkbox"/> Facility	
Address:		
Job Title:	Immediate Supervisor & Title:	
Dates employed:	Hourly Rate / Salary	
From: To:	\$	
Reason for leaving:		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

COMMENTS INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

SKILLS & QUALIFICATIONS – Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background – IF JOB-RELATED

A. List last three (3) schools attended, starting with most recent. **B.** Dates attended. **C.** Year graduated, if completed.
D. Type of degree or diploma earned, if any. **E.** Major field of study.

A. SCHOOL(S) ATTENDED	B. DATES	C. YEAR GRADUATED	D. TYPE OF DEGREE	E. MAJOR

References:

List name and telephone number of 3 (three) business/work references who are not related to you.

NAME	TELEPHONE #	YEARS KNOWN

Additional Information:

Certifications:

- CPR / BLS PALS Advanced Fetal Monitoring
 ACLS NRP

I have a MINIMUM OF ONE YEAR experience in the following units and I am prepared to care for patients in these specialties:

- | | | | |
|---|--|--|--|
| <p>1. Medical</p> <input type="checkbox"/> Genito-Urinary
<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Cardio-Vascular
<input type="checkbox"/> Respiratory
<input type="checkbox"/> Gastro-Intestinal
<input type="checkbox"/> General Medicine
<input type="checkbox"/> HIV
<input type="checkbox"/> Infectious Disease
<input type="checkbox"/> Metabolic
<input type="checkbox"/> Neurology
<input type="checkbox"/> Renal/Dialysis
<input type="checkbox"/> Oncology | <p>2. Maternal Health</p> <input type="checkbox"/> Postpartum
<input type="checkbox"/> Prenatal
<input type="checkbox"/> Nursery II
<input type="checkbox"/> Labor / Delivery
<input type="checkbox"/> NICU
<input type="checkbox"/> Couplet Care

<p>3. Pediatrics</p> <input type="checkbox"/> Burns
<input type="checkbox"/> Cardio-Vascular
<input type="checkbox"/> Gastro-Intestinal
<input type="checkbox"/> Respiratory
<input type="checkbox"/> Orthopedic
<input type="checkbox"/> General Medical
<input type="checkbox"/> Metabolic
<input type="checkbox"/> Neurology | <p>4. Surgical</p> <input type="checkbox"/> Burns
<input type="checkbox"/> Cardiac
<input type="checkbox"/> Thoracic
<input type="checkbox"/> Orthopedic
<input type="checkbox"/> ENT Surgery
<input type="checkbox"/> Gastro-Intestinal
<input type="checkbox"/> Genito-Urinary
<input type="checkbox"/> Gynecology

<p>5. Psychiatric</p> <input type="checkbox"/> Chemical Dependency
<input type="checkbox"/> Suicidal Precaution
<input type="checkbox"/> General Psychiatric
<input type="checkbox"/> Adult
<input type="checkbox"/> Adolescent
<input type="checkbox"/> Closed unit | <p>6. Levels of Care</p> <input type="checkbox"/> General Medical / Surgical
<input type="checkbox"/> Telemetry
<input type="checkbox"/> Intensive Care / ICU
<input type="checkbox"/> PICU
<input type="checkbox"/> Recovery Room
<input type="checkbox"/> Operating Room
<input type="checkbox"/> Emergency Room
<input type="checkbox"/> Out-Patient / Clinic
<input type="checkbox"/> Hospice / Sub-Acute
<input type="checkbox"/> Cath Lab / Cardiology
<input type="checkbox"/> Pre-Op Holding
<input type="checkbox"/> GI-Lab |
|---|--|--|--|

I understand that if I am employed, any misinterpretation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 60 (sixty) days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurance to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of applicant _____ Date: ____/____/____