



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 City State/Province Zip Code

Home Phone: () - Cell Phone: () - Social Security#: _____

Email address: _____

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

What are your specialties? Please state if MS, Tele, ER ICU, Psych, OR or other _____

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 Travel Per-Diem

Shift Desired..... Day Night

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.

Referral Source: Advertisement Employee Relative Government Agency Employee
 Walk-in Private Employment Agency 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 <input type="checkbox"/> Later		
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 <input type="checkbox"/> Later		
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Dates employed:	Hourly Rate/ Salary	
From: To:	\$	
Reason for leaving:		
May we contact for reference?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

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

Additional Information:

Certifications:

- CPR / BLS PALS Advanced Fetal Monitoring
- ACLS NRP MAB or Equivalent

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

1. Medical

- Genito-Urinary
- Rehabilitation
- Cardio-Vascular
- Respiratory
- Gastro-Intestinal
- General Medicine
- HIV
- Infectious Disease
- Metabolic
- Neurology
- Renal/Dialysis
- Oncology

2. Maternal Health

- Postpartum
- Prenatal
- Nursery II
- Labor / Delivery
- NICU
- Couplet Care

3. Pediatrics

- Burns
- Cardio-Vascular
- Gastro-Intestinal
- Respiratory
- Orthopedic
- General Medical
- Metabolic
- Neurology

4. Surgical

- Burns
- Cardiac
- Thoracic
- Orthopedic
- ENT Surgery
- Gastro-Intestinal
- Genio-Urinary
- Gynecology

5. Psychiatric

- Chemical Dependency
- Suicidal Precaution
- General Psychiatric
- Adult
- Adolescent
- Closed unit

6. Levels of Care

- General Medical / Surgical
- Telemetry
- Intensive Care / ICU
- PICU
- Recovery Room
- Operating Room
- Emergency Room
- Out-Patient / Clinic
- Hospice / Sub-Acute
- Cath Lab / Cardiology
- Pre-Op Holding
- GI-Lab

I understand that if 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.

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: ____/____/____