

Employment Application



Signature Health Services

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.		
Position Applied for			
Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Part-time Per Visit <input type="checkbox"/>			
Salary Requirements			
Do you have means of transportation to get to work on time and when called on short notice during working hours? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Do you speak other languages? YES <input type="checkbox"/> NO <input type="checkbox"/> If so which?			
Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction from any criminal offense within the past seven years? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please give details below. _____			
Are you presently charged with any violation of the law other than traffic violation? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please give details below. _____			

EDUCATION

High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

PROFESSIONAL LICENSES / CERTIFICATIONS

OTHER APPLICABLE SKILLS / EXPERIENCES / STRENGTHS

EMERGENCY CONTACTS*Please list two emergency contacts.*

Full Name	Home Phone ()
Cell Phone ()	Work Phone ()
E-mail Address	
Address	
Full Name	Home Phone ()
Cell Phone ()	Work Phone ()
E-mail Address	
Address	

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving

May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date



Required Credentials

To: Nursing Staff
From: Management

All the following credentials must be documented in each employee's file. It is the employee's responsibility to provide current documentation as soon as possible to the Human Resources Department.

- Copy of Current Auto Insurance
- Current Driver's License
- Current Applicable Licenses and Certifications
- Copy of Social Security Card
- CPR Card

Reference Request



Signature Health Services

Date: _____

Method of gathering reference data: Verbal Mail

The individual named below is applying for a position and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance. _____
(Name of Company Representative)

Applicant Release

Applicant: _____
Last First MI Maiden Name

Position Held: _____

Social Security #: _____ Employment Dates: From _____ To _____

I hereby release from all liability the company or persons completing this form, and authorize them to release all information regarding any employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Applicant Signature

Date

1. Please confirm employment period. From: _____ To: _____

2. Please rate and make additional comments on applicant's attributes.
Scale: 4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not Applicable

Quality of Work _____

Knowledge and Skills _____

Reliability and Attendance _____

Cooperation _____

Competence _____

Supervisory Ability and Capacity _____

3. Please indicate any specialties or special considerations pertaining to the applicant.

4. Is the applicant eligible for re-hire? YES NO

If no, please explain. _____

5. Please attach any additional comments.

Signature

Position/Title

Date