



## APPLICATION FOR EMPLOYMENT

IF YOU ARE AN APPLICANT WITH A CRIMINAL CONVICTION, BE ADVISED THAT CRIMINAL CONVICTIONS ARE NOT AN AUTOMATIC BAN FROM EMPLOYMENT, HOWEVER, CERTAIN CONVICTIONS WILL BAR EMPLOYMENT IN CONSIDERATION OF JOB DUTIES OR FUNCTIONS.

IF YOU ARE A SUBSTANCE ABUSER, BE ADVISED APPLICANTS AND EMPLOYEES ARE SUBJECT TO RANDOM DRUG AND/OR ALCOHOL TESTS.

THIS COMPANY IS A SMOKE-FREE WORKPLACE IN COMPLIANCE WITH THE NON-SMOKER PROTECTION ACT. IN ACCORDANCE WITH THAT LAW AND COMPANY POLICY, SMOKING IS PROHIBITED IN ENCLOSED AREAS OF COMPANY PROPERTY.

THIS ORGANIZATION IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, CREED, NATIONAL ORIGIN, AGE OR DISABILITY.

To be considered for employment, all applicants must fill out this form completely. This application will be given every consideration, but its receipt does not imply that our company will employ the applicant. This application is valid for one year and will become a part of the employment record if the applicant is hired.

### APPLICANT INFORMATION

Date \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_  
(First) (MI) (Last)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

e-Mail Address \_\_\_\_\_

How did you learn of our organization? \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_ No \_\_\_

Have you ever applied or been employed here before? Yes \_\_\_ No \_\_\_

Do you have work experience or education under a different name? Yes \_\_\_ No \_\_\_

If so, please list (including first, middle and last names): \_\_\_\_\_

Have you ever been convicted or plead guilty or no contest to any criminal offense? Yes \_\_\_ No \_\_\_

If yes, please state the offense, location, date and disposition, and any other circumstances or rehabilitation.

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

Position Applying For: \_\_\_\_\_ Salary Expectations: \_\_\_\_\_

Can you perform the essential job functions, with or without a reasonable accommodation? Yes \_\_\_ No \_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_ May we contact your current employer? Yes \_\_\_ No \_\_\_

If hired, on what date will you be available to start work? \_\_\_\_\_

Type of Employment: Full Time \_\_\_ Part Time \_\_\_ PRN \_\_\_

List days available for assignment: \_\_\_\_\_

List hours available for assignment: \_\_\_\_\_

Overtime: Yes \_\_\_ No \_\_\_ Weekend: Yes \_\_\_ No \_\_\_ Call: Yes \_\_\_ No \_\_\_

Do you have reliable transportation? Yes \_\_\_ No \_\_\_

## WORK HISTORY

List the names of employers in consecutive order with present or last employer listed first. Account for all periods including military services. If self-employed, give firm name and supply additional references. **Please give both month and year.**

<b>Name of Employer:</b>	<b>Name/Title of Supervisor:</b>		
<b>Address:</b>	<b>Date Employed:</b>	<b>From:</b>	<b>To:</b>
	<b>Starting Pay:</b>	<b>Beginning:</b>	<b>Ending:</b>
<b>Telephone:</b>	<b>Your Title:</b>		
<b>Nature of Business:</b>			
<b>Reason for Leaving:</b>			
<b>Duties:</b>			
<hr/>			
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<b>Address:</b>	<b>Date Employed:</b>	<b>From:</b>	<b>To:</b>
	<b>Starting Pay:</b>	<b>Beginning:</b>	<b>Ending:</b>
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<b>Telephone:</b>	<b>Your Title:</b>		
<b>Nature of Business:</b>			
<b>Reason for Leaving:</b>			
<b>Duties:</b>			

## EDUCATION AND/OR EXPERIENCE

Name of High School \_\_\_\_\_ Diploma \_\_\_ GED \_\_\_

Name of College(s) \_\_\_\_\_

Major(s)/ Subject(s) \_\_\_\_\_

Degree(s) Obtained \_\_\_\_\_

Completion Date(s) \_\_\_\_\_

Other Education or Training \_\_\_\_\_

Are you CPR certified? Yes \_\_\_ No \_\_\_ If so, expiration date \_\_\_\_\_

CDA \_\_\_ TECTA \_\_\_

### COMPLETE ONLY IF LICENSED OR CERTIFIED APPLICANT Check all areas of experience

Burns	_____	ER	_____	L&D	_____	NICU	_____	Rehab	_____
CCU	_____	ICU	_____	OB/GYN	_____	RR	_____	Med/Surg	_____
IV	_____	Charge	_____	NB Nursery	_____	OR	_____	Telemetry	_____
Dr. Off	_____	Neuro	_____	Pediatrics	_____	Dialysis	_____	Total Pt. Care	_____
		Vents	_____	Psych	_____	Urology	_____	Industrial	_____

All States in which you currently have an active License/Certification: \_\_\_\_\_

Is your License/Certification, or has your License/Certification ever been under investigation?  
Yes \_\_\_ No \_\_\_

If so please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### List months or years of experience in the following areas:

	<u>Months</u>	<u>Years</u>		<u>Months</u>	<u>Years</u>
Home Health	_____	_____	Respiratory Therapy	_____	_____
Private Duty	_____	_____	Pharmacy Retail	_____	_____
Hospital Staff	_____	_____	Pharmacy Hospital	_____	_____
Nursing Home Staff	_____	_____	Infusion Nursing	_____	_____
Doctor's Office	_____	_____	Other	_____	_____

## PROFESSIONAL REFERENCES

List at least three (3) professional references (with whom you have worked) who can verify your training and professional capabilities. Please include individuals whom you have known for at least one (1) year.  
Please do not include relatives.

### REFERENCES

Name	Company	Phone	Relationship	# Yrs

### TECHNICAL/COMPUTER SKILLS

<input type="checkbox"/> Internet <input type="checkbox"/> MS Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Email <input type="checkbox"/> MS Word <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> Computer-Based Training <input type="checkbox"/> Cash Register <input type="checkbox"/> Windows <input type="checkbox"/> Computer-Based Charting/Reporting	<b>Other Computer Skills:</b>          
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List those skills and abilities (personal skills, qualities, work style, interpersonal ability, communication, etc.) you feel particularly qualify you for the position you are seeking.

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# AGREEMENT TO TERMS AND CONDITIONS OF EMPLOYMENT

## Affidavit

**Initial**

\_\_\_\_\_ I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for my termination. I further agree that the Organization shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.

\_\_\_\_\_ I understand that this application is designed for use with several types of jobs and some questions may not be completely applicable to the position for which I am applying.

\_\_\_\_\_ I authorize the companies, schools, persons or entities given during the employment process, and the employer (if employed), while employed, or during internal investigations, as references or past employers or affiliations, to give any information regarding my employment, character, qualifications, certifications and licenses, and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information. A favorable result may be a condition of employment, commencement, or continuation of any employment duties where elements are job-related.

\_\_\_\_\_ I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties.

\_\_\_\_\_ I realize that operating conditions may require me to work shifts or work hours scheduled other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the administration.

\_\_\_\_\_ I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged, at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer. I understand that this is an application for employment and that no employment contract is being offered.

\_\_\_\_\_ I understand that only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment.

\_\_\_\_\_ My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, and all other organizational policies and procedures. The Organization shall have the right to amend, modify, or revoke its policies and procedures at any time. I will familiarize myself promptly with such policies and procedures and will abide and be bound by the policies and procedures now or hereafter in effect.

\_\_\_\_\_ I certify that as a part of the application process, I have been provided with a written job description or have had the opportunity to review and/or discuss the requirements of the position for which I am applying. I certify that I understand each requirement and that I am capable of meeting each and every requirement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# EMPLOYMENT APPLICANT RELEASE AND CONSENT

The purpose of this release is to allow ContinuCare Health Services, Inc. and Subsidiaries (hereafter referred to as "Company"), Application Researchers, LLC, Verified Credentials, INC., or their assigns, to obtain pre-employment and/or post-employment information which may include any lawful investigation of my educational background and criminal, driving, credit, and employment histories, while maintaining compliance with all governmental laws.

I am aware I have the right to make a written request of Application Researchers, LLC, Post Office Box 11, Chattanooga, Tennessee 37401-0011, (423) 265-6035, and/or Verified Credentials, INC., 20890 Kenbridge Court, Lakeville, MN, 55044, (800) 473-4934, to obtain additional information regarding the nature and scope of the background check.

If the company considers the background check results unfavorable, I agree that the company may deny me the assignment or discharge me from employment. I release the company, its officers, agents, and employees from all liability resulting from the collection, use, or disclosure of the information obtained during the above investigation.

I certify that the information contained within the employment application is complete and true. I have read this release and consent, understand its terms, realize its significance, and sign it voluntarily.

I am willingly providing the following information necessary for the above investigation and understand that this information is being used for verification purposes only.

## (PLEASE PRINT)

Applicant's Name – First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

List any Other Names Used (nicknames, maiden/married last names): \_\_\_\_\_

Date of Birth: \_\_\_\_--\_\_\_\_--\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_

In chronological order, list all Cities/States in which you have resided in the last five years:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Please use additional space at bottom of page if needed.

\_\_\_\_\_  
Dated: \_\_\_\_--\_\_\_\_--\_\_\_\_

## Signature of Applicant

Frank Davis – Company Representative/Contact/Witness  
\_\_\_\_\_

## Services Requested: (For Company Use Only)

- | Phase I                                     | Phase II   | Phase III                                   |
|---|--|---|
| <input type="checkbox"/> City _____         | <input type="checkbox"/> Additional Addresses                    | <input type="checkbox"/> Job Specifications |
| <input type="checkbox"/> County/State _____ | <input type="checkbox"/> Credit Report                           | <input type="checkbox"/> Drug Screen        |
| _____                                       | <input type="checkbox"/> Educational Background - # _____        | <input type="checkbox"/> Physical Exam      |
| _____                                       | <input type="checkbox"/> Employment History - # _____            | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Civil              | <input type="checkbox"/> Military Record –                       | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Criminal           | copy of DD214 attached   |   |
|   | <input type="checkbox"/> Motor Vehicle Report – DL State/# _____ |   |
|   | <input type="checkbox"/> Personal References - # _____           |   |
|   | <input type="checkbox"/> Social Security Number Scan             |   |

FOR USE BY APPLICATION RESEARCHERS, LLC

CLIENT APPLICANT RECORD #  
APPLICATION RESEARCHERS / RELEASE

REPORT MAILED

REPORT FAXED  
INVOICE #