



Application for Employment

It is the policy of this company to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color, or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

5072 Clark Howell Hwy • Atlanta, GA 30349

Date	This application to be active for a period of 120 days
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Applicant Name (Please Give Complete Name)	Are you at least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number	Home Phone
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Present Address (Include City, State, Zip Code)	Cell Phone
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Previous Address (If present is less than 12 months)	E-mail Address
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Current Open Position(s) for Which You Are Applying	Type of Position	Shift
1) _____ 2) _____ 3) _____	<input type="checkbox"/> Per Diem <input type="checkbox"/> Travel <input type="checkbox"/> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	<input type="checkbox"/> Day <input type="checkbox"/> Weekend <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotation

Salary Requirement	Are You Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If overtime work is required of you periodically, does this pose a problem to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available for work	Are You Legally Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever worked for HealthCare Staffing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which facility	Are you related to another company employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How did you learn about this position? <input type="checkbox"/> State Employment Commission <input type="checkbox"/> Agency <input type="checkbox"/> School <input type="checkbox"/> Job Listing <input type="checkbox"/> Job Line <input type="checkbox"/> Current Employee <input type="checkbox"/> Internet <input type="checkbox"/> Ad <input type="checkbox"/> Other: _____	Have you ever been convicted of a crime and/or released from confinement following conviction for any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, place and nature of each such conviction.
	Are you presently charged with any violation of the law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, place and nature of each such charge.
	Are you currently excluded from participation in any federally funded healthcare program – including Medicare and Medicaid – and are you aware of any potential exclusion from a federally funded health program? <input type="checkbox"/> Yes <input type="checkbox"/> No

Educational History

Type of School	Name of School City, State	Check Last Year Attended		Degree or Certificate
High School/ GED		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School		<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		From (Year)	To (Year)	
		From (Year)	To (Year)	

List any professional licenses, registration or certification you possess (include Drivers License, if applicable to the position).				Clerical or other skills applicable to the position for which you are applying <input type="checkbox"/> Typing () wpm <input type="checkbox"/> PBX <input type="checkbox"/> Proficient in Software: _____ In case of emergency, please contact: _____
Type	State Issued	Expiration Date	Number	

Has your professional license/certificate/registration ever been subject to disciplinary action by any state board or body such as reprimand, suspension, revocation, consent order, voluntary surrender or fines? — Yes — No	Name: _____ Relationship: _____
Are you currently under a consent order or a restricted license? — Yes — No	Address: _____
	City/State/Zip: _____
	Home Phone: _____ Alternate Phone: _____

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Employment History		Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.							
Current or Most Recent		From		To					
		Mo.	Yr.	Mo.	Yr.	Company	Phone Number	Immediate Supervisor	
		Job Title				Other reference with this employer		Name while Employed	
	Salary		Nature of duties/areas worked				Reason for leaving		
1 st Previous		From		To		Company	Phone Number	Immediate Supervisor	
		Mo.	Yr.	Mo.	Yr.				
		Job Title				Other reference with this employer		Name while Employed	
	Salary		Nature of duties/areas worked				Reason for leaving		
2 nd Previous		From		To		Company	Phone Number	Immediate Supervisor	
		Mo.	Yr.	Mo.	Yr.				
		Job Title				Other reference with this employer		Name while Employed	
	Salary		Nature of duties/areas worked				Reason for leaving		
3 rd Previous		From		To		Company	Phone Number	Immediate Supervisor	
		Mo.	Yr.	Mo.	Yr.				
		Job Title				Other reference with this employer		Name while Employed	
	Salary		Nature of duties/areas worked				Reason for leaving		

Professional Reference (Other than Relatives) Give two references who have good knowledge of your work.

	Name	Position	Address (Include City/State)	Phone – Work/Home	Years Known
1.					
2.					

<p>PLEASE REVIEW AND SIGN WHERE INDICATED</p> <p>In making application for employment:</p> <ul style="list-style-type: none"> I certify that the information in this application is true and complete for all practical purposes. It may be verified by the company or any affiliate. Should a person be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the company or affiliates are relieved of all commitments, financially or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. 	<ul style="list-style-type: none"> I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF COMPANY POLICIES. I understand that the company reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the client facility. I understand that refusal to submit to a urinalyses, blood test or search, when requested to do so, may result in termination of employment. Compliance with the company's Substance Abuse Policy is a condition of employment. The company requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalyses test/screen for alcohol and drugs in accordance with company policy. Continued employment is also contingent upon compliance with the company's Alcohol and Drug Abuse Policy. 	<ul style="list-style-type: none"> I agree to immediately disclose to the Company any debarment, suspension, exclusion or other event that makes me ineligible to participate in any Federal healthcare program, or receive a government contract. I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE COMPANY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE COMPANY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE PRESIDENT/CEO OF THE COMPANY. <p>RELEASE:</p> <p>I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.</p>
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<p>I have read and understand these conditions of employment.</p> <div style="text-align: right;"> </div>	<p>Applicant Signature</p>	<p>Date Prepared</p>
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Office Use Only	<input type="checkbox"/> Referred to Staffer/Department Head	<input type="checkbox"/> Hold for Future Opening	<input type="checkbox"/> Not Qualified for Opening
	<input type="checkbox"/> Recommended		<input type="checkbox"/> References Checked
	Date:	By:	