



Employment Application

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Additional Names Used (If Applicable): _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No. (Last 5): _____ Desired Salary: \$ _____

Position Applied for: _____ Today's Date: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony or misdemeanor? Or have any pending criminal charges? YES NO

If yes, please explain: _____

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Diploma or GED: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Additional Information

For Licensed Professionals Only: To your knowledge have you received an administrative complaint, alleging a violation or violations of the Public Health Code or and/or has your professional license been suspended or revoked in any state stemming from a patient complaint or the outcome of other legal proceedings which involved? YES NO If Yes, please explain or attach additional documents: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email Address: _____ Years Known: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email Address: _____ Years Known: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email Address: _____ Years Known: _____

Previous Employment (List most recent first)

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 NO

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 NO

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 NO

Employment Disclaimer

- I have reviewed the employment guidelines provided/posted online. If hired, I agree to honor the terms and to conduct myself in a professional manner while on all assignments. I will communicate with management, staff and patients (if applicable) in a respectful manner at all times.
- I agree to complete all accepted assignments and report any issue to the attention of AEB Staffing Solutions, LLC to be discussed, especially if at any time I feel my well-being is in jeopardy.
- I recognize that many resources and capital have been invested into developing client/assignment relationships. If hired, I agree to not accept any position offered to me by client facilities or work shifts through another agency at a previously assigned client within 30 days of my last day worked without written consent from AEB Staffing Solutions, LLC.
- If hired and placed on assignment, I agree that it is my responsibility to notify AEB Staffing Solutions, LLC at the conclusion of each assignment. I understand that it is my responsibility to communicate my availability for work and to respond to offers of work in a timely manner recognizing that failure to do so may jeopardize my employment status.
- I understand that this is a drug-free workplace. I understand that, if hired, placement on assignments at certain facilities may require a criminal background check, fingerprinting, drug screening and/or titer updates/vaccinations and authorize company to conduct such testing/checks and to authorize testing clinics to release results to company.
- I agree to notify company immediately in the event I become convicted of a crime (including misdemeanors or plea agreements) or have any criminal charges brought against me.
- I certify under penalty of perjury that I am a citizen or national of the United States or an alien lawfully admitted for permanent residency or an alien who is authorized by the attorney general for employment in the United States and that the documents that I have presented for evidence of identity and employment authorization are genuine and may be verified for employment purposes.
- I understand that in the performance of my duties as an employee, I must adhere to federally mandated regulations commonly referred to as HIPAA. I understand that any collection, maintenance, access to or disclosure relating to patient care information is legally and ethically considered privileged and protected. I agree to treat such as confidential, to abide by the specific privacy rules of each facility where I am sent and to immediately report any known breaches of privacy rules. I understand that unauthorized access to or disclosure of such information may subject me to civil action and/or cause for disciplinary action including termination. I agree that all intellectual and other property rights for materials or tangible items I prepare for a client belong exclusively to them.
- I understand that in the performance of my duties, I may be subject to and thus must adhere to the federally mandated regulations regarding existence of criminal history commonly referred to as Public Act 28 of 2006. I certify, under penalty of perjury, that I have not been convicted of a felony or misdemeanor as defined on Exhibit B, that I am not the subject of a criminal procedure disposition by reason of insanity, that I have not been found responsible for the neglect or abuse of a patient or found responsible for the misappropriation of property in a skilled nursing facility. I agree to immediately report such information if convicted or found responsible.
- I authorize AEB Staffing Solutions, LLC to complete a criminal background check and obtain information from any source as to my education, experience, competence, character or medical history as it relates to my application for employment. I will not hold such sources liable and I hereby waive my right to receive written notice of any such information provided and authorize AEB Staffing Solutions LLC to release the said information for employment purposes only.

Signature: _____ Date: _____

Authorization, EEO Statement, and Signature

I certify that I have read the above information and 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. I understand that in the event I am employed, such employment is at will. I understand that I may be required to submit to drug and/or alcohol screening prior to employment and/or at any time throughout my employment per the clients request.

AEB Staffing Solutions, LLC is proud to be An Equal Opportunity Employer. We don't just accept difference — we celebrate it, we support it, and we thrive on it for the benefit of our employees and our community. We are proud to be an equal opportunity workplace. We do not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, political affiliation, retaliation, parental status, military service, veteran status or other non-merit factor. AEB Staffing Solutions, LLC Prohibits Discrimination and Harassment of Any Kind.

Signature: _____ Date: _____