



INFORMATION SHEET

Date: ____/____/____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____-_____

Date of Birth: ____/____/____

Social Security Number: _____-_____-_____

Email: _____

Position Applying For:

RN LPN CNA MA CAREGIVER

RESPIRATORY THERAPIST HOUSEKEEPING DIETARY

Have you worked for 24/7 Staffing before: _____

Information taken by: _____

Date of Hire: ____/____/____

BE THE BEST

JOIN THE BEST

Date of Application: ____ / ____ / ____

Name: _____

 Last First Middle Initial

Current Address: _____
Street / P.O. Box / City / State / Zip / County

Home Phone: () -
Cell Phone: () -
Work Phone: () -
Fax: () -

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: () -

Date of Birth: _____ Social Security #: _____ - _____ - _____

Email Address: _____

Position Applying For: _____ Date Available: ____ / ____ / ____

How did you learn about 24/7 STAFFING? _____

Please include photocopies of all professional licenses held. Documents only. **No photo ids.**

License Type and Number	State	Current Status	Expiration Date

Can you submit verification of your legal right to work in the US? *YES NO*

Have you ever been convicted of a crime other than a minor traffic violation or do you have any current charges pending? YES NO

If YES, Please explain: _____

Has your professional license or certification ever been investigated or suspended? **YES NO**
If yes, please attach separate sheet with explanation.

Have you ever filed a worker's compensation claim? **YES NO**
If yes, describe circumstances on a separate sheet with final administrative decision.
How many hours can you work per week? _____

Days and Hours of Availability:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Days and Hours you CAN NOT Work:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Education

School Name	Location	Degree / Certification Received
High School		
College		
Graduate School		
Other		

EMPLOYMENT PROFILE

Please list all of your employment for the past 5 (five) years, beginning with your most recent employer. You **MUST** list at least 3 (three) past employers.

Are you currently employed? **YES NO** If YES, may we contact your current employer? **YES NO**

Employment #1	
Employer: _____	Dept. _____
Address: _____	Phone: () _____ - _____
Position Held: _____	Pay Rate: _____
Dates Employed: From: ____ / ____ / ____	To: ____ / ____ / ____
Reason for leaving: _____	
Supervisor's Name and Title: _____	

Employment #2	
Employer: _____	Dept. _____
Address: _____	Phone: () _____ - _____

Position Held: _____ Pay Rate: _____
 Dates Employed: From: ___ / ___ / ___ To: ___ / ___ / ___
 Reason for leaving: _____
 Supervisor's Name and Title: _____
 Employment #3
 Employer: _____ Dept. _____
 Address: _____ Phone: () ___ - ___
 Position Held: _____ Pay Rate: _____
 Dates Employed: From: ___ / ___ / ___ To: ___ / ___ / ___
 Reason for leaving: _____
 Supervisor's Name and Title: _____

Employment #4
 Employer: _____ Dept. _____
 Address: _____ Phone: () ___ - ___
 Position Held: _____ Pay Rate: _____
 Dates Employed: From: ___ / ___ / ___ To: ___ / ___ / ___
 Reason for leaving: _____
 Supervisor's Name and Title: _____

Employment #5
 Employer: _____ Dept. _____
 Address: _____ Phone: () ___ - ___
 Position Held: _____ Pay Rate: _____
 Dates Employed: From: ___ / ___ / ___ To: ___ / ___ / ___
 Reason for leaving: _____
 Supervisor's Name and Title: _____

Please list all gaps in employment history: _____

SUPERVISOR REFERENCES

Please list a minimum of three (3) Supervisor References, other than relatives, that can attest to your job performance and work experience and/or education. One must have known you at least five (5) years. (Please do not list duplicate work reference contacts)

- (1) _____
 Name Relationship/Years Known

 Address Phone #
- (2) _____
 Name Relationship/Years Known

 Address Phone #
- (3) _____
 Name Relationship/Years Known

Address _____

Phone # _____

Authorization:

I hereby give 24/7 STAFFING my permission to conduct an investigation to obtain information which the company thinks is necessary to determine my qualifications for employment with the company, including, but not limited to, my permission to contact any former employer, any personal or professional reference, any police department or law enforcement agency or other appropriate source or individual for the purpose of gathering information, personal or otherwise, that such sources may have relating to my character, general reputation, or criminal records and I give my consent to any source to release to 24/7 STAFFING whatever information they have about me. I understand that the information requested about me on this form is necessary so that accurate information is attained; also unconditionally release all named and unnamed sources from any liability, which may result from furnishing information about me. I attest that all information recorded on this application for employment is true and accurate. I acknowledge that any misstatement or omission of fact on the application may result in my disqualification from participation in the 24/7 STAFFING selection process. I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by 24/7 STAFFING in order to meet with their policy regarding the selection of applicants for employment.

I authorize 24/7 STAFFING to conduct criminal background checks, abuse registry checks, sexual offender checks, etc. as necessary to determine employment eligibility.

Name (please print): _____
Last / First / Middle

Current Address: _____
Street / Address / City / State / Zip

Social Security #: _____ - _____ - _____

Signature: _____ Date: ____ / ____ / ____

24/7 STAFFING Witness Name: _____

24/7 STAFFING Witness Signature: _____