

ADVANCED CARE SERVICES

P Last Name _____ First Name _____ Middle Name _____
P Street Address _____ City _____ State _____ Zip _____
E Home Phone _____ Cell Phone _____ Pager No. _____ Business Phone _____
R Social Security No. _____ CA. Driver's License _____ Expiration Date _____
S Pls. Check one: _____ Specify, if any:
 Homemaker C.N.A LVN RN _____
O Certification/License No. _____ Expiration Date: _____
N Are you a U.S. Citizen? Yes No Other: (specify) _____
 Alien Registration Card No. (if not a U.S. citizen) _____
A Over 18 year of age? Yes No Employment is subject to verification if minor
L Have you ever been convicted of a crime (including sex related or child-abuse related offense)
 Yes No If Yes, pls. state details: _____
 How did you learn of our organization?
 Walk-in Newspaper ad Referred by _____ Others: _____
P Areas preferred: ICU MED/SURG OR RR
R L&D PP NSY NICU
E PSY OTHERS (specify) _____
F Shifts preferred: 7a-3p 3p-11p 11p-7a 7a-7p
E Weekdays Weekends Either 7p-7a
R Assignment: Private Duty Only Staff Relief Only Either
E _____
N _____
C _____
E _____

SCHOOL	NAME & ADDRESS OF SCHOOL	FIELD OF STUDY	NO. OF YEARS	DID YOU GRADUATE	DEGREE OR DIPLOMA
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Secondary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

In case of emergency, Please notify:
 Name _____ Tel. # _____ Relationship _____
 Address: _____

WORK EXPERIENCE

Company Name _____		Phone Number _____	Fax No. _____
Address _____		City _____	State _____ Zip _____
1	Employed from _____	To _____	Position _____
	Rate of Pay _____	Name of Supervisor _____	Reason for leaving _____
Describe your work _____			

Company Name _____		Phone Number _____	Fax No. _____
Address _____		City _____	State _____ Zip _____
2	Employed from _____	To _____	Position _____
	Rate of Pay _____	Name of Supervisor _____	Reason for leaving _____
Describe your work _____			

Company Name _____		Phone Number _____	Fax No. _____
Address _____		City _____	State _____ Zip _____
3	Employed from _____	To _____	Position _____
	Rate of Pay _____	Name of Supervisor _____	Reason for Leaving _____
Describe your work _____			

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT Employer no(s) _____ Reason _____

REFERENCES:

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal

I understand that acceptance on this application of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage and investigate consumer reporting agency on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

I hereby permit client hospitals access my personal and health files.

_____ Date

_____ Signature