



Application for Employment

Blue Stream Healthcare

Bluestreamhealthcare.com

4037 East Independence Boulevard, Suite 100, Charlotte, NC

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

Date:

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Social Security# and NPI #		Telephone Number(s)	

If you are less than 18 years of age, can you provide required proof of your eligibility to work?

Yes
 Yes

No
 No

Have you ever filed an application with us before?

If Yes, give date _____

Have you ever been employed with us before?

Yes
 No

If Yes, give date _____

Are you currently employed?

Yes
 No

May we contact your present employer?

Yes
 No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes
 No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work

Temporary

Are you currently on "lay-off" status and subject to recall?

Yes
 No

Can you travel if a job requires it?

Yes
 No

Have you been charged with and/or convicted of a felony including child molestation and/or child abuse within the last 7 years?

Yes
 No

If Yes, please explain Please attach a letter

Position(s) Applied For:	Salary Expectation	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement <input checked="" type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend <input checked="" type="checkbox"/> Relative	<input type="checkbox"/> Walk-in Other _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information

Summarize special job-related skills and qualifications acquired from employment or other experience.

Check Skills

PC MS Access MS Outlook
 Fax MS Word Internet
 Calculator MS Excel EMR Systems
 Typewriter MS
PowerPoint

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? YES NO

Driving History

The position you are applying for may require you to transport clients. Check the type of vehicle you are qualified through experience to operate.

Passenger Car Light Truck Van Heavy Truck

Driver's license number _____ State of issue _____ Expiration Date _____

Has your license ever been suspended or revoked? Yes No

Do you have Auto insurance? Yes No

Has it ever been cancelled or renewal refused? Yes No

Have you been convicted of any moving violations in the past three years? Yes No

If yes please give details _____

Please list (3) Personal References and (3) Professional References

PERSONAL REFERENCES

1. _____
(Name) _____ (Phone) _____ (Years Known) _____

_____ (Address) _____ (Relationship)

2. _____
(Name) _____ (Phone) _____ (Years Known) _____

_____ (Address) _____ (Relationship)

3. _____
(Name) _____ (Phone) _____ (Years Known) _____

_____ (Address) _____ (Relationship)

PROFESSIONAL REFERENCES

1. _____
(Name) _____ (Phone) _____ (Years Known) _____

_____ (Address) _____ (Relationship)

2. _____
(Name) _____ (Phone) _____ (Years Known) _____

_____ (Address) _____ (Relationship)

3. _____
(Name) _____ (Phone) _____ (Years Known) _____

_____ (Address) _____ (Relationship)

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Print Name

Signature of Applicant

Date