



Career Application for Nurse and HHA Positions

Please fax this form to (419) 794-2197

PERSONAL DATA

Name (Last, First, Middle) _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone: _____ Home Phone: _____

Position Applying For: _____

Hours Desired:

- 40/Wk
- <40/Wk
- On Call
- Any

Shifts Available:

- Days
- Evenings
- Nights
- Any

Days Available:

- Sun Thurs
- Mon Fri
- Tues Sat
- Wed

Preferred Locations (Check all that apply):

- East Toledo Downtown Area
- West Toledo Rossford
- South Toledo Perrysburg
- North Toledo Sylvania

PROFESSIONAL LICENSURE

Type: _____ Number: _____
 STNA State: _____
 CNA Expiration: _____

Type: _____ Number: _____
 STNA State: _____
 CNA Expiration: _____

APPLICANT DECLARATION

Are you 18 or older? Yes No High School Diploma/GED: Yes No Date: _____

Have you ever been arrested, convicted, pled guilty or no contest to a crime? This includes misdemeanors (except parking violations), gross misdemeanors and felonies. NOTE: Anything that shows up on your record including dismissals may disqualify you for employment.

Yes No If yes, give dates and explanation (where, when, etc.): _____

How did you find out about our company, positions? _____

Did anybody refer you to our company? Yes No If yes, who? _____

EDUCATIONAL INFORMATION

High School:	Diploma Program, Commercial or Technical:
Address:	Address:
City: ST: Zip:	City: ST: Zip:
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
College or University:	Graduate School:
Address:	Address:
City:	City:
Major:	Major:
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:	Degree: