



"Compassionate & Quality Care"

EMPLOYMENT APPLICATION**PERSONAL INFORMATION**

Full Name: _____ Date: _____

Address: _____

Phone: _____ E-mail: _____

Date Available: _____ Social Security No: _____ Date of Birth: _____

Desired Salary: \$ _____ Position Applied for: _____

MILITARY SERVICE (IF APPLICABLE)

Are you currently legally authorized to work in the U.S.A? _____ No _____ Yes

Are you 18 years of age or older? _____ Yes _____ No. If no, can you furnish working papers? _____

Were you in the U.S armed forces? _____ No _____ Yes. If yes, what branch _____

Are you willing to work to a patient with a pet? _____ No _____ Yes If yes, Which pet: _____

Are you willing to work to a patient that smokes? _____ Yes _____ No

How were you referred to us? _____

_____ I certify that I have been a resident in the State of Pennsylvania for the last two (2) years. (If you have lived in the State of Pennsylvania for less than two (2) years, you will be required to obtain an FBI Clearance)

This section below is for Registered Nurse (R.N) & Licensed Practitioner Nurse (L.P.N)

Professional nursing license numbers (Indicate State(s) of Issuance) _____

What month and year did you pass the boards? _____

EDUCATION

School Type	School Name	Location	Subject/ Major	Graduate
High School				Y / N
Vocational / Technical				Y / N
College / University				Y / N

Course certifications and educational skills (CNA, ACLS, CCRN, ETC.)

REFERENCES (PLEASE LIST THREE PROFESSIONAL REFERENCES)

Full Name: _____ Relationship: _____ Phone: _____

Company Name: _____ Address: _____

Full Name: _____ Relationship: _____ Phone: _____

Company Name: _____ Address: _____

Full Name: _____ Relationship: _____ Phone: _____

Company Name: _____ Address: _____

**PREVIOUS EMPLOYMENT**

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ to: _____

Responsibilities: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ to: _____

Responsibilities: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ to: _____

Responsibilities: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No**EMPLOYEE HEALTH & EMERGENCY CONTACT**

Name: _____ Phone: _____ Relationship: _____

Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____

Physician Name: _____ Phone: _____

Address: _____

In the event of medical emergency, are there any emergency procedures, information concerning medications or restrictions on medications, of which we or the emergency personnel should be aware? If yes, please list below:

WORK AVAILABILITY (PLEASE SPECIFY THE HOURS THAT YOU CAN WORK)

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Morning							
Afternoon							
Night (Overnight)							