🏥 BEACON OF HOPE HOME CARE SERVICES, LLC

"Guiding Care with Compassion."

📍 4300 Forbes Boulevard, Suite 215, Lanham, MD 20706
☎️ (301) 541-3244 | 📧 info@beaconofhopehcs.com | 🌐 www.beaconofhopehcs.com

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🧾 NURSE EMPLOYMENT APPLICATION FORM

(Registered Nurse / Licensed Practical Nurse / Supervisory Nurse)

🧍‍♀️ APPLICANT INFORMATION

Full Name: _____

Date: _____

Address: _____

City/State/ZIP: _____

Phone Number: _____

Email Address: _____

Position Applying For: ☐ RN ☐ LPN ☐ Nurse Supervisor ☐ Other _____

Full Name: _____

Preferred Employment Type: ☐ Full-Time ☐ Part-Time ☐ PRN

Available Start Date: _____

Expected Rate of Pay: _____

🎓 LICENSE & CERTIFICATION

Maryland Nursing License # _____

License Type: ☐ RN ☐ LPN

Expiration Date: _____

Issuing State: _____

CPR Certification: ☐ Yes ☐ No Exp. Date: _____

First Aid Certification: ☐ Yes ☐ No Exp. Date: _____

Are you registered with MBON? ☐ Yes ☐ No

📎 *Please attach a copy of your Nursing License, CPR, and First Aid cards.*

🩺 AVAILABILITY

Days Available to Work ☐ **Monday** ☐ **Tuesday** ☐ **Wednesday** ☐ **Thursday** ☐ **Friday** ☐ **Saturday** ☐ **Sunday**

Preferred Shifts: ☐ Morning ☐ Evening ☐ Overnight ☐ Flexible

Are you available for On-Call or Emergency Shifts? ☐ Yes ☐ No

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🧾 EMPLOYMENT ELIGIBILITY

Are you authorized to work in the United States? ☐ **Yes** ☐ **No**

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, explain: _____

Have you ever been excluded from participation in Medicaid/Medicare? ☐ Yes ☐ No

🧠 *A background check and fingerprinting are required for all new hires.*

💼 EMPLOYMENT HISTORY

(List most recent employers first)

1️⃣ Employer

- **Name of Agency/Hospital:** _____
- **Address:** _____
- **Supervisor Name & Title:** _____
- **Phone Number:** _____
- **Position Held:** _____
- **Start Date:** _____ **End Date:** _____
- **Reason for Leaving:** _____

2️⃣ Employer

- **Name of Agency/Hospital:** _____
- **Address:** _____
- **Supervisor Name & Title:** _____
- **Phone Number:** _____
- **Position Held:** _____
- **Start Date:** _____ **End Date:** _____
- **Reason for Leaving:** _____

📎 *Attach résumé if available.*

🎓 EDUCATION

School Name	City/State	Degree/Certification	Year Completed
High School			
Nursing School			
College / University			
Other Certifications			

🩸 HEALTH REQUIREMENTS

Physical Exam (within 12 months): ☐ **Yes** ☐ **No**
TB Test (within 12 months): ☐ Yes ☐ No Date: _____

Physical Exam (within 12 months): ☐ **Yes** ☐ **No**
COVID-19 Vaccination: ☐ Yes ☐ No ☐ Declined

📎 *Attach copies of your physical and TB test results.*

👩‍⚕️ REFERENCES

(List two professional references not related to you.)

Name Title / Relationship Phone Email

📘 DOCUMENT CHECKLIST

(To be completed after orientation and HR review)

Document	Received	Verified By
Driver's License / ID	☐	_____
Nursing License	☐	_____
Social Security Card	☐	_____
Physical & TB Test	☐	_____
CPR / First Aid Card	☐	_____
Completed I-9 Form	☐	_____
Completed Application	☐	_____
Signed Policy & Procedure Acknowledgment	☐	_____
Fingerprint / Background Check	☐	_____

🖊️ APPLICANT CERTIFICATION

I certify that all information provided in this application is true and complete to the best of my knowledge. I authorize **Beacon of Hope Home Care Services, LLC** to verify any information provided and understand that any false or misleading information may result in denial or termination of employment.

Applicant Signature: _____ **Date:** _____
Printed Name: _____

🧾 FOR OFFICE USE ONLY

Received By: _____
Orientation Date: _____
Verified By (HR): _____
Hire Date: _____
Position Assigned: _____
Rate of Pay: _____
Administrator Approval: _____
Signature: _____

Prepared by: Administrative Team
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