

OhioGIMD Inc.
Applicant Fact Sheet

Name: _____

Date: _____

Instructions For each of the questions below, circle your response as applicable. You should circle more than one response if appropriate; for example, if you are available for both full-time and part-time work, circle both options. Fill in any additional blanks that may be relevant.

What is your availability? Full-time (32+ hrs/wk on average) Part-time _____ (hrs/wk range)

When are you available to start work? _____

Are you able to work Saturdays as needed? Yes No

What hourly rate of pay are you seeking? _____ (\$/hr)

Do you have your own reliable transportation? Yes No _____ (method)

Do you have a valid Ohio Driver's License? Yes No

What education/degrees have you completed in healthcare, and from where and when? _____

What are the numbers and statuses of your healthcare certifications/licenses (CMA/RMA, LVN, RN)?

Do you have or have you ever had CPR certification? Yes No _____ (expiration date)

Do you own your own scrubs? Yes No

Which languages other than English do you speak? None Other _____

Attestation I, the above named applicant, hereby attest that I have answered the above questions truthfully and to the best of my abilities. I understand that providing or not correcting incorrect information during the interview and application process is cause for withdrawal of any offer of employment and termination of employment.

Signature of applicant

Date