

03/2008

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME _____
 LAST FIRST MIDDLE MAIDEN

PRESENT ADDRESS _____
 STREET CITY STATE ZIP CODE

HOW LONG ? _____ PRIOR ADDRESS _____

MAILING ADDRESS _____

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

DATE OF BIRTH _____ # OF DEPENDENTS _____

NEXT OF KIN (EMERGENCY PURPOSES) _____
 RELATIONSHIP _____ PHONE NO. _____

DO YOU HOLD A VALID DRIVER'S LICENSE ? _____ DO YOU OWN A CAR ? _____

DO YOU SPEAK / READ / WRITE A SECOND LANGUAGE ? _____ WHICH ? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME ? _____ IF YES, EXPLAIN _____

HAVE YOU EVER BEEN BONDED ? _____ WHERE ? _____

DO YOU CARRY YOUR OWN PROFESSIONAL LIABILITY COVERAGE ? _____



EMPLOYMENT DESIRED

POSITION _____ FULL OR PART TIME _____ WEEKENDS _____ HOLIDAYS _____

SPECIAL QUALIFICATIONS (E.G., CPR / IV CERTIFIED, ICU / CCU / PEDS / VENTS) _____

HOW DID YOU KNOW ABOUT THIS AGENCY ? _____

ARE YOU CURRENTLY EMPLOYED ? _____ WHERE ? _____

MAY WE CONTACT YOUR PRESENT EMPLOYER ? _____



EDUCATION

	NAME OF SCHOOL	YEARS ATTENDED	DATE GRADUATED
HIGH SCHOOL	_____	_____	_____
COLLEGE	_____	_____	_____
OTHER	_____	_____	_____

NURSING DEGREE HELD _____ NURSING LICENSE # _____

EMPLOYMENT HISTORY (BEGIN WITH YOUR MOST RECENT EMPLOYER FIRST)

NAME _____ EMPLOYED FROM _____ TO _____
ADDRESS _____
SUPERVISOR _____ TELEPHONE # _____ EXT _____
POSITION HELD _____ RESPONSIBILITIES _____
SALARY PAID _____ REASON FOR LEAVING _____

.....
NAME _____ EMPLOYED FROM _____ TO _____
ADDRESS _____
SUPERVISOR _____ TELEPHONE # _____ EXT _____
POSITION HELD _____ RESPONSIBILITIES _____
SALARY PAID _____ REASON FOR LEAVING _____

.....
NAME _____ EMPLOYED FROM _____ TO _____
ADDRESS _____
SUPERVISOR _____ TELEPHONE # _____ EXT _____
POSITION HELD _____ RESPONSIBILITIES _____
SALARY PAID _____ REASON FOR LEAVING _____

.....

REFERENCES (MUST BE PROFESSIONAL)

	NAME / TITLE	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

.....

PLEASE READ CAREFULLY BEFORE SIGNING THE STATEMENT BELOW

I authorize the investigation of all statements made by me in this application. This may also include a criminal background check. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without any previous notice.

SIGNATURE

DATE

THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT PRACTICE BECAUSE OF RACE, COLOR, RELIGION, SEX OR PERSONAL ORIGIN. THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION BASED ON AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 65 YEARS OF AGE.

ACCU CARE HOME HEALTH SERVICES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH FEDERAL, STATE, LOCAL AND NYSDOH REGULATIONS PERTAINING TO EMPLOYMENT PRACTICES.