

# APPLICATION FOR EMPLOYMENT

Email \_\_\_\_\_

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Date You Can Start \_\_\_\_\_ Position Desired \_\_\_\_\_

Preferred Shift(s) \_\_\_\_\_

Have you ever applied to this company before? Yes -or- No

If "Yes", When: \_\_\_\_\_ What Position: \_\_\_\_\_

## EDUCATION

	Name and Location of School	Did you Graduate?	Degree or Certificate Received
High School			
College			
Trade, Business, or Certification			

## WORK EXPERIENCE

Start Date	End Date	Name and Phone # of Employer	Position	Salary	Reason for Leaving

Do you have any special training, or certifications in the position that you are seeking not mentioned above?

\_\_\_\_\_

**\*\*\*Before submitting application, please attach a copy of your certification (NA) or license (CNA/LPN/RN)**

## REFERENCES

We check references! Please list four people who you have worked with in the past.

You may substitute one for a personal reference.

Reference Name	Reference Phone #	Where did you work together?	How many years did you work together?

Have you ever been convicted of a felony? Yes -or- No

Have you ever been convicted of any type of theft or fraud? Yes -or- No

If "Yes" to either of the above questions, please explain: \_\_\_\_\_

Can you perform the essential functions of the position that you are applying for with or without a reasonable accommodation(s)?

Yes -or- No

I understand that all Company policies, procedures and guides, including any employee handbook, are not intended to be and shall not create a contract of employment with the Company for any specific duration or for any other purpose. If employed, I agree to conform to the rules, policies and regulations of the Company.

I certify that the information I have provided on this employment application or in conjunction with this application is correct, complete and true to the best of my knowledge. I understand that any false or misleading statement made by me in this application or in connection with my seeking employment or the failure to disclose pertinent information in this application or in conjunction with my seeking employment may result in my disqualification from consideration of employment or may be grounds for immediate termination of employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **Authorization for Previous Employer to Release Information**

I, \_\_\_\_\_, hereby authorize my prior employers to release any and all information relating to my employment with them to Team Staffing. I further release and hold harmless both my previous employer and Team Staffing from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, or subpoenaed by a court of law, and that neither I nor anyone else not so involved will have the right to see the information obtained.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**(This Page for Use by EMPLOYER ONLY)**  
**New Hire Information**

Date of Interview: \_\_\_\_\_ by: \_\_\_\_\_  
Eligible for Hire: \_\_\_\_\_ Position: \_\_\_\_\_  
Starting date: \_\_\_\_\_ Shift: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
Introduction to department heads: \_\_\_\_\_ Orientation date scheduled: \_\_\_\_\_  
Department head approval: \_\_\_\_\_ Administrator approved: \_\_\_\_\_

**REFERENCE CHECKS**

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Person contacted: \_\_\_\_\_  
Job title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Date of Reference Check: \_\_\_\_\_ Checked By: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Person contacted \_\_\_\_\_  
Job title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Date of Reference Check: \_\_\_\_\_ Checked By: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Person contacted \_\_\_\_\_  
Job title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Date of Reference Check: \_\_\_\_\_ Checked By: \_\_\_\_\_

**REGISTRY CHECK**

<https://registry.prometric.com/registry/publicARK>

Name: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
Issued: \_\_\_\_\_ Expires: \_\_\_\_\_ Standing: \_\_\_\_\_

**CERTIFICATE/LICENSE VERIFICATION**

<https://www.ark.org/arsbn/statuswatch/index.php/nurse/search/new>

Agency contacted: \_\_\_\_\_ License type: \_\_\_\_\_  
Issued: \_\_\_\_\_ Expires: \_\_\_\_\_ Standing: \_\_\_\_\_

## Employee Consent to Background/Drug Screen

This facility/ company, in considering my application for employment, as well as after employment, may verify information set forth on the application and obtain additional background information where legal. I authorize all persons, schools, employers, companies, corporations, credit bureaus, C.N.A register and law enforcement agencies to supply any information concerning my background. I understand that any offer of employment made by the facility/company is conditional upon any pending background check results. I have read, understand, and agree to this statement.

\_\_\_\_\_ (Initial)

I understand that as a condition of employment I may be required to submit a drug test. Additionally, I understand to and agree that I am subject to a drug screen at random, suspicion, after any work-related injury (if injury coyuld have been caused due to being altered) as required during my employment, or as otherwise determined.

\_\_\_\_\_ (Initial)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature