

HEALTHCARE PROS

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION				
Position Applying For	Current Specialty Area(s)	Date Available to Start	Date of Application	Home Telephone
Last Name (PRINT)	First Name	Middle Name	Message Telephone	
Address	City	State/Zip	E-Mail Address	
Social Security Number	Are you at least 18 years old?	List other names under which you may be known to your past employers:		
Have you ever been convicted of a criminal offense? YES or NO If YES, please describe the nature of the offense, date and jurisdiction where conviction occurred, and disposition of the case:				
NOTE: A criminal conviction is not an automatic disqualification for all jobs, but it may affect your suitability for some positions. Exclude minor traffic violations, sealed or juvenile convictions, expunged or statutorily eradicated records, and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to California Penal Code Section 1203.4. Also exclude marijuana-related convictions occurring 2 or more years ago.				
Availability: Full Time <input type="checkbox"/> YES <input type="checkbox"/> NO Part Time <input type="checkbox"/> YES <input type="checkbox"/> NO Specify days/hours:				
Regular hours <input type="checkbox"/> YES <input type="checkbox"/> NO Overtime <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Explain:				
How were you referred? <input type="checkbox"/> Employment Agency (Name) _____ <input type="checkbox"/> Newspaper (Name) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Previously Employed (Date) _____ <input type="checkbox"/> School (Name) _____ <input type="checkbox"/> Other _____				
Are any relatives employed here (e.g., spouse, domestic partner, other immediate family, cousins, nephews, nieces, aunts, uncles, grandchildren and in-laws)? If so, please provide:				
Name(s):		Position(s):		
If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, describe the job functions that cannot be performed:				
NOTE: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.				

EDUCATION			
School	Name and Location	Number of Years Attended	Area of Study and Degree(s) Received
High School			
College/University			
Graduate			
Other			

SKILLS/EXPERIENCE											
EXPERIENCE (Please check areas of experience and skills in appropriate blocks. Do not include school experience)											
AREA	EXPERIENCE IN LAST THREE YEARS	CERT	AREA	EXPERIENCE IN LAST THREE YEARS	CERT	AREA	EXPERIENCE IN LAST THREE YEARS	CERT	AREA	EXPERIENCE IN LAST THREE YEARS	CERT
AIDS			IV Therapy			Nursing Home			Recovery Room		
Burns			Labor & Delivery			OB/GYN			Rehabilitation		
CCU			Medical Floor			Oncology			Surgical Floor		
Charge			Medicare Home Care			Operating Room			Telemetry		
Dialysis			Medications			Orthopedics			Total Patient Care		
Doctor's Office			Neonatal CCU			Pediatrics			Urology		
Emergency Room			Newborn			Pediatric ICU			Ventilators		
Home Care			Neurological			Premie Nursery			Other (Describe)		
ICU			Nursery			Private Duty in Facility					
Industrial Nursing			NICU			Psychiatric					

SKILL	EXPERIENCE IN LAST THREE YEARS	CERT	SKILL	EXPERIENCE IN LAST THREE YEARS	CERT	SKILL	EXPERIENCE IN LAST THREE YEARS	CERT	SKILL	EXPERIENCE IN LAST THREE YEARS	CERT
Assessments			Hickman			Landmark Catheters			Suprapubic Catheter		
Blood Admin.			Ileal Conduit			NG Tube Feeding			TPN/Lipids		
Blood Draws			IV Chemo Admin.			Ostomy Management			Trach Care		
Epidural			IV Pump			Peripheral IV Starts			Tube Feeding Pump		
G-Tube/G-Button Feeding			Types			PICC			Types		
Groshong						Port-A-Cath					

Additional Skills: Please list any skills (including translation skills) or experience with equipment, relevant to the position for which you are applying, which you would like us to consider.

Name:

Date:

Explain any gap in employment for more than 30 days.
In a few sentences, describe any other experience, skills or qualifications you believe should be considered in evaluating your qualifications for employment.

PERSONAL REFERENCES		
Please list at least two (2) persons NOT related to you who have known you for at least (5) years who we may contact for a reference.		
Name	Address	Phone No.
Name	Address	Phone No.

APPLICANT'S STATEMENT
(initial each numbered item as read)

___ 1. I certify that all the information I have given on this application is true and complete and that I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that failure to provide complete information or any misrepresentation in the information I provide, whether on this form or otherwise, may lead to refusal to hire me or to termination of employment.

___ 2. I authorize inquiry into my suitability for the position for which I am being considered and I hereby give my consent to present and past employers to release the information necessary to verify my work history and hereby release my present and past employers from all liability for any damages whatsoever arising from the release of any and all information regarding my employment.

___ 3. I understand that there is no offer of an employment contract or guarantee of length of employment and that should I be hired my employment and compensation can be terminated, with or without notice, with or without cause, at any time, at the option of either the firm or myself. I understand that no employee or other representative of the firm is authorized to make any other representation to employees regarding the term of my employment, and I confirm that no other representation has been made to me.

___ 4. I understand that any offer of employment is subject to verification of employment eligibility as required by the Immigration Reform & Control Act of 1986.

___ 5. I authorize HealthCare Pros to obtain consumer investigative reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information contained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.

___ 6. I understand that HealthCare Pros is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if HealthCare Pros has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.

___ 7. I understand and agree that in the event of any issue or dispute arising under or involving any provision of the employee's terms of employment with HealthCare Pros or the termination of employment (except for claims for worker's compensation, unemployment insurance, and any matter within the jurisdiction of the California Labor Commissioner), the issue shall be submitted to final and binding arbitration, which is explained in more detail in HealthCare Pros Employee Handbook.

___ 8. I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing seven (7) statements.

Signature of Applicant _____ Date: _____