

PERSONAL INFORMATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Contact Numbers: (H) _____ (W) _____

(Cell) _____ (Pager) _____

Social Security # _____

Email Address: _____

Languages spoken: _____

How did you hear of us? _____

Shifts available: 1st 2nd 3rd Days Available: M Tu W Th F Sat Sun

Location Desired: _____ Date Available: _____

RN (Registered Nurse)

LPN (Licensed Practical Nurse)

LNA (Licensed Nursing Assistant)

PCSP (Personal Care Service Provider)

LICENSE NUMBER: _____

Per Diem Hourly Rate: _____

Clinical Experience and Specialties: Please put in # of years experience in each field.

Med/Surg		OB/GYN		Doctors Office		School Nurse	
Pediatrics		L&D		Nursing Home		HIV / AIDS	
Psych		Cardiac		Rehabilitation		Methadone	
ICU/CCU		Stepdown		Ambulatory Surgery		Home Care	
ER		Orthopedics		Case Management		Dept. of Corrections	
OR		Oncology		Urology		Administration	

EMPLOYEE NAME: _____

WORK EXPERIENCE:

1. Current Employer: _____ Dates: _____

Address: _____

Title: _____ Hourly Rate: _____

Clinical Area: _____

2. Previous Employer: _____ Dates: _____

Address: _____

Title: _____ Hourly Rate: _____

Clinical Area: _____

PROFESSIONAL REFERENCES:

1. Name: _____ Title: _____

Company: _____ Phone: _____

2. Name: _____ Title: _____

Company: _____ Phone Number: _____

3. Name: _____ Title: _____

Company: _____ Phone Number: _____

FEDERAL LAW AGAINST DISCRIMINATION MAKES IT UNLAWFUL TO DISCRIMINATE AGAINST JOB APPLICATIONS ON THE BASIS OF AGE, SEX, RACE, CREED, NATIONAL ORIGIN OR COLOR.
I hereby certify that this information is true and accurate. I understand that any misrepresenting of facts on this application is sufficient cause for dismissal if I have been employed. I am willing to take a physical and other examination when required. I authorize an investigation of all statements contained in this application and hereby state that I have never pled guilty to or been convicted of a felony or a drug related misdemeanor.

Signature _____

Date _____

Home Care Required Documents:

- 2 forms of ID – Current Driver's License and either your Social Security Card, Birth Certificate, or Passport
- TB 2 step test
- Current physical or a Dr.'s note stating that you are free & clear to work without any communicable diseases (within 1 year)
- Car insurance – Liability required – please bring in the policy that refers to your coverage
- CPR – preferred but not required – we do offer a course at the office if you are interested in obtaining your certification
- Contact information (email address preferred) 2 professional references

MAS does require you to have a clean criminal background check, BEAS and driving record.

Facility Required Documents:

- 2 forms of ID – Current Driver's License and either your Social Security Card, Birth Certificate, or Passport
- TB test
- Current physical or a Dr.'s note stating that you are free & clear to work without any communicable diseases (within 1 year)
- CPR – preferred but not required – we do offer a course at the office if you are interested in obtaining your certification
- Contact information (email address preferred) 2 professional references

MAS does require you to have a clean criminal and BEAS.