

Advantage Private Nursing Services, Inc.

APPLICATION FOR EMPLOYMENT

Today's Date _____ Date Available _____
--

Position desired _____ Referred By: _____
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Interview Scheduled: Interview Scheduled: Interview Scheduled: Reviewed Personnel _____ Date _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Department</th> <th style="width: 33%;">Time</th> <th style="width: 33%;">Date</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table>	Department	Time	Date									
Department	Time	Date											

It is our policy to offer equal opportunity to all, based upon individual merit and without regard to race, color, religion, national origin, sex, age, marital status, height, weight, or nondisqualifying handicap. In order to provide a pleasant, safe and productive work place, we do not condone harassment relating to a person's race, color, religion, sex, national origin, height, weight, age, or physical or mental handicap. We prohibit the use, distribution, sale, or possession of alcoholic beverages, drugs, and controlled substances (except for use ordered by a physician) while at work. We prohibit reporting to work under the influence of alcoholic beverages, drugs, or controlled substances.

PLEASE COMPLETE ENTIRE APPLICATION - APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETELY FILLED OUT AND SIGNED.

Name _____

Last
First
Middle
Area Code / Phone Number

Address _____

Street
Apartment No.
City
Zip Code

Social Security No. _____ Driver's License No. _____

Are you 18 years of age or older? Yes No Are you eligible to work in U.S.? Yes No Resident Alien No. _____

Are you willing to work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Hours available _____	Shift Preferred: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	Type of Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer If part time, temp. or summer, indicate
Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work rotating shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been convicted of a felony or a misdemeanor? Yes No
 If so, please state when, where and the nature of the offense. _____

Are there any felony charges pending against you? Yes No
 You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you have applied or there is a legitimate safety concern due to the nature of the employer's business.

Are you a Veteran of U.S. Military Services? Yes No Was Discharge Honorable? Yes No

Did you receive any specialized training applicable to employment with Advantage Private Nursing Services, Inc.? Yes No
 If Yes, explain: _____

Have you ever worked at Advantage Private Nursing Services, Inc. before? Yes No If so, when? _____ Dept / Position _____
 Have you ever been suspended or discharged from employment? Yes No If Yes, please explain: _____

Do you have any health related condition or illness that would limit your ability to perform your job? Yes No
 If Yes, explain: _____

Do you currently have any restrictions that would limit your ability to perform your job? Yes No
 If Yes, explain: _____

In the space provided, briefly state why you would like to work at Advantage Private Nursing Services, Inc. _____

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME	ADDRESS	NO. of Years Attended	Type of Diploma or Degree	Did You Graduate?
GRADE SCHOOL					
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
OTHER SCHOOL					
NURSING SCHOOL				<input type="checkbox"/> 4YR. <input type="checkbox"/> AD <input type="checkbox"/> DIPL <input type="checkbox"/> LPN	

Work or Volunteer Experience (list present position first) - PLEASE DO NOT USE STATEMENT "SEE RESUME"

Name of Employer: _____ Your Position and Duties: _____

Address: _____ Phone () _____
City State Zip

Rate of Pay: _____ Employment Dates: _____ to _____ Supervisor: _____

Reason for Leaving: _____ Okay to check reference? Yes No

Name of Employer: _____ Your Position and Duties: _____

Address: _____ Phone () _____
City State Zip

Rate of Pay: _____ Employment Dates: _____ to _____ Supervisor: _____

Reason for Leaving: _____ Okay to check reference? Yes No

Name of Employer: _____ Your Position and Duties: _____

Address: _____ Phone () _____
City State Zip

Rate of Pay: _____ Employment Dates: _____ to _____ Supervisor: _____

Reason for Leaving: _____ Okay to check reference? Yes No

Name of Employer: _____ Your Position and Duties: _____

Address: _____ Phone () _____
City State Zip

Rate of Pay: _____ Employment Dates: _____ to _____ Supervisor: _____

Reason for Leaving: _____ Okay to check reference? Yes No

Name of Employer: _____ Your Position and Duties: _____

Address: _____ Phone () _____
City State Zip

Rate of Pay: _____ Employment Dates: _____ to _____ Supervisor: _____

Reason for Leaving: _____ Okay to check reference? Yes No

References

List three personal references (not relatives or former employers)

(1) _____ Day Phone () _____
Name Complete Address Occupation

(2) _____ Day Phone () _____
Name Complete Address Occupation

(3) _____ Day Phone () _____
Name Complete Address Occupation

Licensed, Registered or Certified Applicant Information (This section is not referring to driver's license information)

Do you have a valid, current License, Registration or Certification in Michigan? Yes No

If not, have you applied? Yes No

License, Registration or Certification Number: _____ Expiration Date: _____ Serial No.: _____

If no License, do you have a permit? Yes No Expiration Date: _____

Have you ever been Licensed, Registered, or Certified in another state? Yes No

Are you currently C.P.R. Certified? Yes No If Yes, give expiration date of Certification: _____

Has any disciplinary action ever been taken against your License: Yes No

If Yes, explain: _____

Has your License ever been denied, surrendered, suspended or revoked? Yes No

If Yes, explain: _____

Have there been any restrictions placed on your License? Yes No

If Yes, explain: _____

SPECIALIZED EXPERIENCE

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Adding Machines | <input type="checkbox"/> Dietician | <input type="checkbox"/> OB Nursing | <input type="checkbox"/> Record Filing |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> ER Nursing | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Hospital Business Office | <input type="checkbox"/> OR Nursing | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> CCU Nursing | <input type="checkbox"/> ICU Nursing | <input type="checkbox"/> Pediatric Nursing | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> Chef / Cook | <input type="checkbox"/> Insurance Clerk | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Surgical Technician |
| <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Mailing Clerk | <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> Switchboard |
| <input type="checkbox"/> Copy Machine | <input type="checkbox"/> Medical Coding | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Typing W.P.M. _____ |
| <input type="checkbox"/> Credit | <input type="checkbox"/> Medical Secretary | <input type="checkbox"/> Physical Therapy Aid | <input type="checkbox"/> Ward Clerk |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Medical Surgical Nursing | <input type="checkbox"/> Physician Office | <input type="checkbox"/> Work Processor |
| <input type="checkbox"/> Dictation | <input type="checkbox"/> Medical Transcriptionist | <input type="checkbox"/> Purchasing | |
| | | <input type="checkbox"/> Other _____ | |

CERTIFICATION

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I realize that misrepresentation of facts called for on this application will be cause for rejection of this application or dismissal after employment. Furthermore, my employment is on a probationary basis for a period of 90 days from the date of employment, which may be extended in accordance with Advantage Private Nursing Services, Inc. policy. I here by authorize Advantage Private Nursing Services, Inc. to contact any and all former employers, associates and schools they find necessary in order to determine my eligibility for employment. Also, I hereby release Advantage Private Nursing Services, Inc., my former employers, associates and schools, their agents and employees from any and all liability for furnishing the information requested and specifically waive my right to receive written notice of any such information provided. I UNDERSTAND AND AGREE ADVANTAGE PRIVATE NURSING SERVICES, INC. MAY REQUIRE A PHYSICAL EXAMINATION INCLUDING DRUG SCREEN AND THE JOB OFFER IS CONTINGENT ON PASSING THE PHYSICAL EXAM AND PERIODICALLY THEREAFTER.

DATE _____ SIGNATURE OF APPLICANT _____

For Office Use Only

Company Name: _____ Position _____

Employed From: _____ To: _____

Rating Code: 1 Excellent 2 Above Average 3 Average 4 Unsatisfactory

Work Rating:
 Work Performance Work Attitude Ability / Knowledge Initiative
 Conduct Cooperation Appearance Honesty

What was the reason for leaving your employ? _____

Would you rehire? _____ Comments: _____

Verified By: _____ Date: _____

Company Name: _____ Position: _____

Employed From: _____ To: _____

Rating Code: 1 Excellent 2 Above Average 3 Average 4 Unsatisfactory

Work Rating:
 Work Performance Work Attitude Ability / Knowledge Initiative
 Conduct Cooperation Appearance Honesty

What was the reason for leaving your employ? _____

Would you rehire? _____ Comments: _____

Verified By: _____ Date: _____

Interview Comments

Position _____ Full or part time? _____

Shift preference _____

Reason for applying at Advantage Private Nursing Services, Inc. _____

Rate of pay and benefits _____

Availability _____

Past employment _____

Education / Qualifications for position _____

Long range goals _____

Comments: _____

Date interviewed _____ By _____

Results of interview _____

Date and time of new-hire sign up with Human Resources _____

Human Resources Use Only

- Physical Results
- TB Results
- Acceptance Form
- References
- Bonus
- Copy of License
- License Verified
- by _____
- date _____ results _____
- Name Tag
- Conviction Report
- New Employee Agreement
- Orientation

Signature _____