



Application for Employment

Thank you for applying for a position with our Company. We appreciate the time you are giving to complete this application. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. The following must be filled out completely for your application to be considered.

Name: _____
Last First Middle

Have you ever used another name? Yes No If yes, what: _____

Home Telephone: (____) _____ Other Telephone: (____) _____

Date of Birth: _____ Social Security #: _____

Have you ever used another Social Security Number? Yes No

Present Address: _____
No. Street City State Zip

Mailing Address: _____
(If different) No. Street City State Zip

Emergency Contact: _____ Phone: _____

Employment Desired:

Position applying for: _____

If hired, on what date can you start work? _____ Salary desired? _____

References:

How did you hear about our company? _____

List below three persons not related to you who have knowledge of your work performance within the last three years. If this does not apply to you, then provide three school or personal references that are not related to you.

Name	Address	Phone	Years Known
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____



FlexNursing

Education and Training

Name and State	Degree Obtained	Date Graduated
High School: _____	_____	_____
College/University: _____	_____	_____
Vocational/Business: _____	_____	_____

Employment History:

List below all present and past employment, starting with your most recent employer:

Are You Employed Now? Yes No May we contact your present employer? Yes No

Name of Employer: _____

Address: _____

No.	Street	City	State	Zip
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Telephone: (____) _____ Your Supervisor's Name: _____

Position Held: _____

Date of Employment: From: _____ To: _____

Earnings: Starting: _____ / Ending: _____

Exact Reason for Leaving: _____

Name of Employer: _____

Address: _____

No.	Street	City	State	Zip
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Telephone: (____) _____ Your Supervisor's Name: _____

Position Held: _____

Date of Employment: From: _____ To: _____

Earnings: Starting: _____ / Ending: _____

Exact Reason for Leaving: _____

Name of Employer: _____

Address: _____

No.	Street	City	State	Zip
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Telephone: (____) _____ Your Supervisor's Name: _____

Position Held: _____

Date of Employment: From: _____ To: _____

Earnings: Starting: _____ / Ending: _____

Exact Reason for Leaving: _____



License Information

Answer the following questions if applying for a professional position:

Are you licensed for the job applied for? Yes No Type of license (RN/LVN/CNA): _____
Issuing state: _____ License/certification number: _____ Has your license ever
lapsed, been revoked or suspended? Yes No If yes, state reason(s), date of lapse,
revocation or suspension and date of reinstatement: _____

Have you ever, under your name or another name, been convicted of (or pleaded guilty or nolo
contendere to) a Felony or Misdemeanor? Yes No

Have you ever, under your name or another name, been convicted of a crime, which resulted
with your being in prison and released from prison or paroled? Yes No

(Do not identify convictions for marijuana-related offenses that are more than two years old; or
convictions for which the criminal record has been expunged, sealed or eradicated by the court;
or, misdemeanor convictions for which any probation has been completed and the case
dismissed by the court.)

If yes, explain each conviction fully, when, where and of what you were convicted and
disposition of the case(s):

Are you currently under arrest, or released on bond or your own recognizance, pending trial for
a criminal offense? Yes No

If yes, state the nature of the crime charged, and when and where trial is pending:

The following section is for employment within the healthcare industry in California

Please answer the following only if:

1. The position for which you are applying will provide you access to patients. Have you ever
been arrested for a sex related crime? Yes No If Yes, Please Explain:

2. The position for which you are applying will provide you access to drugs or medications. Have
you ever been arrested for a drug related crime? Yes No Please Explain:



Authorization

Personally completed this form honestly and accurately

By my signature below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer is conditional based on the satisfactory review of my qualifications including any and all background or drug screening which may be required.

Drug and Alcohol screening

I give permission for a pre-employment drug/alcohol screening exam, and, if the company makes a conditional job offer, I give permission for a complete employment physical and mental examination. I also consent to the appropriate release of any and all medical information, as may be deemed necessary. (See separate Agreement)

Authorization to obtain information

I voluntarily and knowingly authorize any present or past employer; supervisor; administrator; educational institution; law enforcement agency; state, local, or federal agency; credit bureau; collection agency; private business; military branch; the national personnel records center; personal reference; and/or other persons; to give records or information they may have concerning my criminal history, motor vehicle report, educational history, licensing, employment (including character, earnings history and reasons for termination) or any other information requested by the company requested to determine my eligibility for employment.

Release

I voluntarily waive all recourse and release any company, individual or organization from liability for complying with any request from the company or agents of the company (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment. I further release the company or any individual within the company regarding the use any information received which may have bearing on my application for employment.

Notification and compliance with rules

I agree to immediately notify the company if I should be convicted of a crime while my job application is pending, or during my employment if hired. If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company.

I certify that all of the information provided by me on this Application is true and accurate.

Signature: _____

Date: _____

Print Name: _____