

A+ Nursing, Inc.

Application for Employment

Date: _____

Pre-Employment Questionnaire

You must answer all questions completely. Failure to do so will result in rejection of your application and you will not be considered for employment.

Position(s) Applied for: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: (_____) _____ Cell: (_____) _____

Email Address: _____

Soc. Security # : _____ Driver's License # : _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration state may be requested upon offer of employment)

Yes No

Are you available	Full Time	Part Time	Temporary	Seasonable
1 st Shift	2 nd Shift	3 rd Shift	Weekends	Holidays

Will you submit to a drug test? Yes No

Have you ever been convicted of a misdemeanor or felony, other than traffic violations? Yes No

If Yes, give complete description, including location(s) and date(s) _____

Are there any outstanding legal proceedings or pending judgments against you? Yes No

*Note: A conviction record will not necessarily disqualify you from employment, factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

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General

Are you 18 Years or older? Yes No

Have you ever applied with or worked for A+ Nursing, Inc. in the past? Yes No
If yes, give date(s) _____ And stop the application and notify office staff

Are you employed now? Yes No

Are you on lay off? Yes No If yes, are you subject to recall? Yes No

Do You have any limitations that could prevent you from meeting your job descriptions? Yes No

If Yes, Explain: _____

Do you speak, read, or write any other language, besides English? Yes No

If yes, indicate languages, and level of ability (Fluent, good, Fair)

Speak _____

Read _____

Write _____

Education/Training

	High School	Vocational or Technical	College/Graduate
School Name And Location			
Did you Graduate	Yes No	Yes No	Yes No
Degree/Certificate			
Major/Minor			

Describe any specialized training, apprenticeships, internships, skills, license, certificates and extra-curricular activities that pertain to the position(s) for which applying: _____

Military Service Record

Have you had any experience in the Armed Forces? Yes No

If yes, List Branch _____ Currently Enlisted: Yes No

Rank upon Discharge _____ Date of Discharge _____

Were you honorably discharged? Yes No

*Note A dishonorable discharge from military will not necessarily be a bar to employment.

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Employment History

List Each Job held, starting with the most recent or current

<i>Employer:</i>	Dates		<i>Work Performed</i>
<i>Position Held</i>	<i>From</i>	<i>To</i>	
<i>Supervisor</i>	Hourly Rate or Salary		
<i>Phone</i>	<i>Start</i>	<i>End</i>	
<i>Employer:</i>	Dates		<i>Work Performed</i>
<i>Position Held</i>	<i>From</i>	<i>To</i>	
<i>Supervisor</i>	Hourly Rate or Salary		
<i>Phone</i>	<i>Start</i>	<i>End</i>	
<i>Employer:</i>	Dates		<i>Work Performed</i>
<i>Position Held</i>	<i>From</i>	<i>To</i>	
<i>Supervisor</i>	Hourly Rate or Salary		
<i>Phone</i>	<i>Start</i>	<i>End</i>	

If you need additional space, please feel free to use a sheet of paper.

References

Do not include relatives or former employers

<i>Name</i>	<i>Phone</i>	<i>Years Acquainted</i>
1. _____		
2. _____		
3. _____		

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Specialized Experience

CCU Nursing

OR Nursing

ICU Nursing

Physical Therapy

Medical Coding/Billing

Medical Surgical Nursing

Surgical Technician

Occupational Medicine

Hospice

Phlebotomy

ER Nursing

Pediatrics

Dietician

Respiratory Therapist

Medical Terminology

Occupational Therapist

Physicians Office

OB Nursing

Hospital Office

Other_____

Applicant's Statement

I certify that the answer's given herein are true and complete to the best of my knowledge. The undersigned hereby authorizes all past or present employer indicated in the employment history section to release to this prospective employer, any and all information contained in my personal records and to communicate to this prospective employer, any and all information within its knowledge. The undersigned further releases the employer(s) from any and all liability or claims arising from the release of this information, and also waives the provisions of the Michigan Bullard-Plaweckj Employee Right to Know Act requiring the Employer(s) to notify the undersigned of release of such information.

I understand that completion of application is not an offer of employment. And that if I am hired, the employment is conditional based on the policies and standards of the company. And that the employment relationship may be terminated at any time for any reason as outlined in such policies and standards, with or without notice and with or without cause by either the employer or me.

In the event of employment, I understand that false or misleading information given in the application or interview(s) may result in discharge. I understand that offer of employment is conditional upon the results of a thorough criminal record search, finger printing, and drug screen. I understand that I must abide by all rules and regulations outlined in the policies of the employer.

Applicant Signature

Date

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FOR OFFICE USE ONLY

Arrange Interview: *Yes* *No* *If yes, Date & Time* _____

Remarks: _____

Employed: *Yes* *No* *If yes, Date of Start:* _____

Job Title: _____ *Hourly Rate* _____

Interviewed By: _____ *Date:* _____

Background Checked *Yes* *No* *Employable:* *Yes* *No*

Certificate/License Check *Yes* *No* *References Checked* *Yes* *No*

Information Needed/Missing from Application: _____

Comments: _____

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