



PERSONAL DATA

Date: _____

Name (First, Middle, Last): _____ Social Security No.: _____

Address (Street No., City, State, Postal Code, Country, Email Address): _____

Telephone: _____ Cell Ph.: _____ Work Ph.: _____

Position Applying for: _____ Other Position: _____ Salary Requirements: _____

Hours Desired

- 40/Wk
- <40/Wk
- On Call
- Any

Shift Available

- Days
- Evenings
- Nights
- Any

Days Available

- Sun Th
- Mon Fr
- Tue Sat
- Wed

Preferred locations/site (hospitals, nursing, homes, clinics, etc.) of interest to work, Make a list. (City, State)

PROFESSIONAL LICENSURE

| Type | Number | Type | Type |
|------------|----------------|------------|----------------|
| Expiration | Current States | Expiration | Current States |

APPLICANT DECLARATION

ARE YOU 16 OR OLDER?

- Yes No

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES LEGALLY?

- Yes No

Have you ever been convicted, pled guilty or no contest to a crime? This includes misdemeanors (except parking violations), gross misdemeanors and felonies. A convistesm guilty plea or no contest will not necessarily disqualify you for employment consideration.

Yes No If yes, give dates and explanation (where, when, etc): _____

Have you ever been disciplined by professional or state ethics or licensing board? Yes No

If yes, please explain: _____

How did you find out about our company, positions? _____

Did anybody refer you to our company? Yes No if yes, who? _____

How many years of experience do you have, must have at least 1 year experience.

PEDIATRIC

GERIATRIC



EDUCATIONAL INFORMATION

| | | | | | |
|--|--------------|--------------------|---|--------------|--------------------|
| <i>High School</i> | | | <i>Diploma Program , Commercial or Technical</i> | | |
| <i>Address</i> | | | <i>Address</i> | | |
| <i>City</i> | <i>State</i> | <i>Postal Code</i> | <i>City</i> | <i>State</i> | <i>Postal Code</i> |
| <i>Did you graduate? <input type="checkbox"/>Yes <input type="checkbox"/>No</i> | | | <i>Did You Graduate? <input type="checkbox"/>Yes <input type="checkbox"/>No</i> | | <i>Degree</i> |
| <i>College or University</i> | | | <i>Graduate School</i> | | |
| <i>Address</i> | | | <i>Address</i> | | |
| <i>City</i> | | | <i>City</i> | | |
| <i>Country</i> | | | <i>Country</i> | | |
| <i>Major</i> | | | <i>Major</i> | | |
| <i>Did You Graduate? <input type="checkbox"/>Yes <input type="checkbox"/> No</i> | | <i>Degree</i> | <i>Did You Graduate? <input type="checkbox"/>Yes <input type="checkbox"/>No</i> | | <i>Degree</i> |

EMPLOYMENT INFORMATION

| 1. EMPLOYMENT (MOST RECENT) | | 2. EMPLOYER | |
|-------------------------------|------------------------------|-------------------------------|------------------------------|
| <i>Address</i> | | <i>Address</i> | |
| <i>City/State/Postal Code</i> | | <i>City/State/Postal Code</i> | |
| <i>Supervisor Name</i> | <i>Phone</i> | <i>Supervisor Name</i> | <i>Phone</i> |
| <i>Start Date</i> | <i>End Date</i> | <i>Start Date</i> | <i>End Date</i> |
| <i>Position</i> | <i>Average Hrs. Per Week</i> | <i>Position</i> | <i>Average Hrs. Per Week</i> |
| <i>Starting Salary</i> | <i>Ending Salary</i> | <i>Starting Salary</i> | <i>Ending Salary</i> |
| <i>Reason For Leaving</i> | | <i>Reason For Leaving</i> | |
| 3. EMPLOYER | | 4. EMPLOYER | |
| <i>Address</i> | | <i>Address</i> | |
| <i>City/State/Postal Code</i> | | <i>City/State/Postal Code</i> | |
| <i>Supervisor Name</i> | <i>Phone</i> | <i>Supervisor Name</i> | <i>Phone</i> |
| <i>Start Date</i> | <i>End Date</i> | <i>Start Date</i> | <i>End Date</i> |
| <i>Position</i> | <i>Average Hrs. Per Week</i> | <i>Position</i> | <i>Average Hrs. Per Week</i> |
| <i>Starting Salary</i> | <i>Ending Salary</i> | <i>Starting Salary</i> | <i>Ending Salary</i> |
| <i>Reason For Leaving</i> | | <i>Reason For Leaving</i> | |



TO ALL APPLICANTS

Name of Applicant

Date

Position Applied For

Sex Male Female

WHAT RACIAL/ETHNIC CATEGORY DO YOU CONSIDER YOURSELF

- White
- American Indian or Alaskan Native
- Asian or Pacific Islander
- African American
- African
- Hispanic

VIETNAM VETERAN

Did you serve active duty in the armed services (for a period of more than 180 days) between August 5, 1964 and May 7, 1975?

Yes No

DISABLED VETERAN

Are you entitled to disability compensation under laws administered by the Veterans Administration for disability rates at 30% or more, or are you a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Yes No If yes, list disability: _____

HANDICAPPED

Do you (1) have a physical or mental impairment which substantially limits one or more major activities, (2) have a secure record of such impairment, (3) are regarded as having such an impairment, or (4) have experience difficulty, retaining or advancement in employment because of your handicapped? Yes No



WORK RELATED REFERENCES (No family members, relatives, or personal friends)

| | |
|--|-------------------------------|
| Most Recent Supervisor Name | Reference One |
| Company | Company |
| Phone Number | Phone Number |
| Position You Held | How Do You Know This Person? |
| May We Contact This Person For A Reference <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reference Two | Reference Three |
| Company | Company |
| Phone Number | Phone Number |
| How Did You Know This Person? | How Did You Know This Person? |

APPLICANT RELEASE, PLEASE READ AND SIGN BELOW

I authorize the investigation of my background including all information contained in this application and information provided in the interview. I understand that misrepresentation or omission of information in connection with my application and interview will be sufficient cause, in and of itself, for rejection or dismissal wherever discover. I understand and agree that any offer of employment is contingent upon satisfactory completion of _____ pre-employment investigation which includes but is not limited to health assessment, criminal history check, educational and work verification, reference checks, consumer report and any investigation required by local, state, or federal laws. I understand that if I am hired by _____, my employment will be for an indefinite period of time and will be "at will" which means that either _____ or I may terminate the employment relationship at anytime and for reason or no reason.

I further understand that, if hired, my at-will employment status may only be changed in written contract signed by the management of _____, and that no representative of _____ has the authority to make oral promise to me concerning my employment. Finally, I also understand that _____ may adopt, from time to time, policies or handbooks dealing with benefits and other terms or conditions of employment. These policies or handbooks do not constitute a contract of employment between _____ and me. _____ reserves the right to change or discontinue these policies and/or handbooks at any time with or without notice to me.

_____ strives to provide a safe, healthy and productive work environment and supports a smoke free, alcohol-free work environment.

Signature of Applicant Date



The applicant below has applied for a position with Providence Care, Inc has given us your company name as reference. This signed document below authorizes you to assist us in correctly evaluating his / her previous experience and suitability for the position sought. Thank you for completing this form and returning it to us.

Date: _____

Applicant Name: _____ SSN: _____

Company Name: _____

Name of Reference: _____ Title: _____ Fax: _____

Date employed / Known From: _____ to _____ Tel: _____

To be completed by employer

| Employment Evaluation (Please check one) | Excellent | Above Average | Average | Unsatisfactory |
|--|-----------|---------------|---------|----------------|
| JOB KNOWLEDGE | | | | |
| QUALITY OF WORK | | | | |
| INITIATIVE | | | | |
| ATTENDANCE / PUNCTUALITY | | | | |
| DEPENDABILITY | | | | |
| COOPERATIVE | | | | |
| ATTITUDE | | | | |

Reason for leaving:

Is Applicant eligible for rehire: Yes _____ No _____

Remarks:

Prepared By: _____ Title: _____ Date _____

I hereby release any and all information concerning my work experience and status to Providence Care, Inc.

Signature of Applicant: _____ Date: _____



The applicant below has applied for a position with Providence Care, Inc has given us your company name as reference. This signed document below authorizes you to assist us in correctly evaluating his / her previous experience and suitability for the position sought. Thank you for completing this form and returning it to us.

Date: _____

Applicant Name: _____ SSN: _____

Company Name: _____

Name of Reference: _____ Title: _____ Fax: _____

Date employed / Known From: _____ to _____ Tel: _____

To be completed by employer

| Employment Evaluation (Please check one) | Excellent | Above Average | Average | Unsatisfactory |
|--|-----------|---------------|---------|----------------|
| JOB KNOWLEDGE | | | | |
| QUALITY OF WORK | | | | |
| INITIATIVE | | | | |
| ATTENDANCE / PUNCTUALITY | | | | |
| DEPENDABILITY | | | | |
| COOPERATIVE | | | | |
| ATTITUDE | | | | |

Reason for leaving:

Is Applicant eligible for rehire: Yes _____ No _____

Remarks:

Prepared By: _____ Title: _____ Date _____

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Signature of Applicant: _____ Date: _____