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| --- | --- |
| Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Personal Data | Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Last Name First Name** **Middle** | | | | | **SSN** |
| Home Address City State Zip | | | | | |
| Home Phone Cell Phone Pager | | | | | |
|  | | | | | |
| Emergency Contact Information | | | | | |
| Name of Emergency Contact | | Relation | Emergency Telephone Number | | |

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| **Job Information** |

Position (Job Class) Applying for:

RN  LPN  CNA  HHA  Companion  Other \_\_\_\_\_\_\_\_\_\_\_ Date Available: \_\_\_\_\_\_\_\_\_\_

**Work Experience/Skills**

Please list the number of years you have experience in each area (min 1 year exp.) and are clinically competent to work:

|  |  |  |  |
| --- | --- | --- | --- |
| Burn | ENT | Pediatrics | Detox/Drug Rehab |
| L & D | Rehab | Telemetry | Post Partum |
| MICU | Nursery | Psychiatry | Orthopedics |
| NICU | Dialysis | Stepdown | Mother/Baby |
| PACU | Geriatric | Oncology | Recovery Room |
| SICU | Pedi ICU | Neurology | Operating Room |
| CCU | Med/Surg | Open Heart | Emergency Room |
| Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Previous Facility Types Worked: Check All That Apply –**

Hospital  Hospice  Nursing Home  Rehab  Private Duty  Assisted Living / Residential Treatment

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| Language Skills: **Other than English, please check any**  **other languages you speak –**  Spanish  French  German  Other: \_\_\_\_\_\_\_\_\_ | **Check the type of assignment you are available for:**  Full-time  Part-time  Contract  Travel |

**Check the days of the week you are available to work:**

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Holidays available to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **License Type** | License/Certification # | **State** | **Expiration Date** |
| **License Type** | **License/Certification #** | **State** | **Expiration Date** |
| **License Type** | **License/Certification #** | **State** | **Expiration Date** |

Has your professional license ever been suspended, revoked or under investigation?  Yes  No  
If Yes, Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certifications: Check all applicable certifications and enter expiration date:**

**ACLS Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BCLS Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CPR Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PALS Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IV Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NALS Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Experience:** **List all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheet(s) if necessary.**

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| **Facility/Employer Name** | **Date Employed**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address** | **Title** |
| **City/State/Zip Country** | **Unit** |
| **Number of Beds in Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **In Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name of Current Immediate Supervisor** |
| **Describe duties and specialty areas:** | **Telephone #:** |
| **Pay Rate/Salary: Hourly \_\_\_\_\_\_\_\_ Yearly \_\_\_\_\_\_\_\_\_\_\_** | **May We Contact:**  **Yes**  **No – If no, why?** |
| **Reason for leaving:** | **If this was a travel assignment, name of agency:** |
| **Are your employment records listed under another name?**  **No**  **Yes If yes, what name?** | **Supervisory Experience:  Yes  No – How often?** |

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| --- | --- |
| **Facility/Employer Name** | **Date Employed**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address** | **Title** |
| **City/State/Zip Country** | **Unit** |
| **Number of Beds in Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **In Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name of Current Immediate Supervisor** |
| **Describe duties and specialty areas:** | **Telephone #:** |
| **Pay Rate/Salary: Hourly \_\_\_\_\_\_\_\_ Yearly \_\_\_\_\_\_\_\_\_\_\_** | **May We Contact:  Yes  No – If no, why?** |
| **Reason for leaving:** | **If this was a travel assignment, name of agency:** |
| **Are your employment records listed under another name?**  **No  Yes - If yes, what name?** | **Supervisory Experience:  Yes  No – How often?** |
| **Facility/Employer Name** | **Date Employed**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address** | **Title** |
| **City/State/Zip Country** | **Unit** |
| **Number of Beds in Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **In Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name of Current Immediate Supervisor** |
| **Describe duties and specialty areas:** | **Telephone #:** |
| **Pay Rate/Salary: Hourly \_\_\_\_\_\_\_\_ Yearly \_\_\_\_\_\_\_\_\_\_\_** | **May We Contact:  Yes  No – If no, why?** |
| **Reason for leaving:** | **If this was a travel assignment, name of agency:** |
| **Are your employment records listed under another name?**  **No  Yes If yes, what name?** | **Supervisory Experience:  Yes  No – How often?** |

Please list any other work related information you think would be helpful to us in considering you for employment, such as specialized training, certifications, additional work experience, etc.

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**Additional Information:**

1. Are you legally authorized to work in the USA?  Yes  No

2. Have you ever been convicted of a felony?  Yes  No

3. Can you pass a pre-employment drug test?  Yes  No

4. How were you referred to Universal Support Agency L.L.C.?

Newspaper  Trade Publication  Job Fair/Open House  Internet Site

Company Employee – Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| I understand that **I must** report all accidents to my immediate supervisor **and** to Universal Support Agency L.L.C. - - No MATTER HOW SLIGHT.  Yes  I also understand that I must wear all required personal protection equipment (PPE).  Yes The penalty for not wearing PPE is disciplinary action, up to and including termination.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |
| **ACKNOWLEDGMENT (*Please read carefully and sign*)**  In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.  I give Universal Support Agency L.L.C. permission to use any information in this application to enable it and its agents to verify the information contained in this application I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by Universal Support Agency L.L.C. with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment, Universal Support Agency L.L.C. may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release Universal Support Agency L.L.C., its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information.  In consideration of my employment and of my being considered for employment by Universal Support Agency L.L.C., I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either Universal Support Agency L.L.C. or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of Universal Support Agency L.L.C., at any time, can constitute a contract of employment. No representative or agent of Universal Support Agency L.L.C., has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.  I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results.  I understand that Universal Support Agency L.L.C. is not involved in the day-to-day supervision or decision concerning patient care or dentistry. This remains with the Professional as part of the Professional’s practice. The Professional fully indemnifies Universal Support Agency L.L.C. against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage and other responsibilities as found under state prime contract law.  **I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.**  Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |