

Employment Application

Applicant Information													
Name: _____									Date: _____				
<i>Last</i>			<i>First</i>			<i>M.I.</i>							
Address: _____													
<i>Street Address</i>						<i>Apartment/Unit #</i>							
<i>City</i>				<i>State</i>				<i>ZIP Code</i>					
Phone: _____			DOB _____			E-mail Address: _____							
Date Available: _____			Social Security No.: _____				Desired Salary (optional): \$ _____						
Position Applied for: _____													
Full time		Part time		Contract (PRN)				Sat		Sun		Evenings	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>				OK <input type="checkbox"/>		OK <input type="checkbox"/>		OK <input type="checkbox"/>	
Unavailable days (if any)								Drivers license					
Monday <input type="checkbox"/>		Tuesday <input type="checkbox"/>		Wednesday <input type="checkbox"/>		Thursday <input type="checkbox"/>		Friday <input type="checkbox"/>		YES <input type="checkbox"/>		NO <input type="checkbox"/>	

Education													
High School:				Address:									
From:		To:		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree:			
College:				Address:									
From:		To:		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree:			
College:				Address:									
From:		To:		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree:			
College:				Address:									
From:		To:		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree:			
Other:				Address:									

Certificates

Lic- ense	Certificate number	Certificate type	Agency	State	Exp Date
Lic- ense	Certificate number	Certificate type	Agency	State	Exp Date
Certif- ication	Certificate number	Certificate type	Agency	State	Exp Date
Certif- ication	Certificate number	Certificate type	Agency	State	Exp Date
Other	Certificate number	Certificate type	Agency	State	Exp Date
Languages spoken					
Languages written					

Computer Skills

Facility with computer usage such as PC, Internet Explorer, word processors (e.g), Microsoft Word or Open Office, medical programs. List below:

Other Factors

Indicate in narrative form, other factors that we should consider, such as skills or experiences not covered in the application and/or resume:

References

Full Name:	Relationship:	
Company:	Phone:	
Address:	Email:	
Full Name:	Relationship:	
Company:	Phone:	
Address:	Email:	
Full Name:	Relationship:	
Company:	Phone:	
Address:	Email:	

Previous Employment ¹				
Company:			Phone:	
Address:			Supervisor:	
Job Title:		Starting Salary:		Ending Salary:
Responsibilities:				
From:	To:	Reason for Leaving:		
May we contact your previous supervisor for a reference? (If so, provide telephone and/or email)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			email:	
Company:			Phone:	
Address:			Supervisor:	
Job Title:		Starting Salary:		Ending Salary:
Responsibilities:				
From:	To:	Reason for Leaving:		
May we contact your previous supervisor for a reference? (If so, provide telephone and/or email)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			email:	
Company:			Phone:	
Address:			Supervisor:	
Job Title:		Starting Salary:		Ending Salary:
Responsibilities:				
From:	To:	Reason for Leaving:		
May we contact your previous supervisor for a reference? (If so, provide telephone and/or email)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			email:	
Company:			Phone:	
Address:			Supervisor:	
Job Title:		Starting Salary:		Ending Salary:
Responsibilities:				
From:	To:	Reason for Leaving:		
May we contact your previous supervisor for a reference? (If so, provide telephone and/or email)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			email:	

¹ Use back or duplicate pages for additional employers

Miscellaneous

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If yes, explain:					

Agreement and Signature

I understand that this is an application and does not constitute an employment contract nor a promise of employment. I further understand that Creative Health Solutions LLC may obtain a consumer and/or investigative consumer report that may contain information regarding the accuracy of this application as well as my suitability for the position sought. My signature authorizes such checks including accuracy of this application, employment, character, driving, consumer credit, and a criminal background. I authorize all such investigation.

Because I am seeking employment in the health care field, I understand that I may be subject to alcohol and drug testing, and may be required to have medical check ups if circumstance so warrants.

Creative Health Solutions is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

I certify that my answers are true and complete to the best of my knowledge.

Signature:	Date:
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