

# Employment Application

**DIRECTIONS:**

Respond to ALL questions. If a particular question does not apply to you, or the position for which you are applying, write N/A in the appropriate blank. PLEASE PRINT CLEARLY. Incomplete applications will not be considered.

**EQUAL OPPORTUNITY EMPLOYER:**

Provider Services Inc. will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin, ancestry, citizenship status, disability, handicap or any other legally protected category. Any information received about the applicant will not be used for impermissible purposes.

## PERSONAL

Name Last	First	Middle Initial	Social Security No.	Date of Application
Address		City	State	Zip Code
How did you hear of job opening?			Home Phone	Alternate Phone
Are employment records pertaining to you kept under any other name? If yes, give full name. <input type="checkbox"/> Yes <input type="checkbox"/> No			If under 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In case of emergency notify:		Name	Phone	

## POSITION DESIRED

Position Applied for: (Be Specific)	Salary Expected
Date Available:	\$ _____ Per
Shift(s) Preferred: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> All	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN/per diem
Days Preferred: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	<input type="checkbox"/> Temporary
	Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No

## LICENSE OR CERTIFICATION

Type	State	Date Received	Last Renewal	Certificate Number	Examination or Reciprocity
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

## EDUCATION

Are you attending school now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of study			
Circle last year of school completed 1 2 3 4 5 6 7 8 9 10 11 12    College: 1 2 3 4 5 6 7 8    Nursing: 1 2 3 4    Business or Trade: 1 2 3 4				
High School	City/State	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	Grade Point Average
College or Nursing		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business or Trade		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please check the box that best describes your attendance at your most recent place of employment.

Excellent

Good

Average

### WORK HISTORY (Record Uniformed Services as a position)

List names of all present and former employers, beginning with most recent. Explain gaps in employment. (attach additional sheet if necessary)	Position Responsibilities	Reason for Leaving	Name and Title of Immediate Supervisor and Starting and Ending Salary	
Position Title <span style="float: right;">From      To</span>				
Employer & Phone #				
Address Including Zip Code			\$      Per	\$      Per
Position Title <span style="float: right;">From      To</span>				
Employer & Phone #				
Address Including Zip Code			\$      Per	\$      Per
Position Title <span style="float: right;">From      To</span>				
Employer & Phone #				
Address Including Zip Code			\$      Per	\$      Per
Position Title <span style="float: right;">From      To</span>				
Employer & Phone #				
Address Including Zip Code			\$      Per	\$      Per

May we contact your present employer?     Yes     No

**Signature** (Incomplete applications will not be considered)

**NOTICE:** I understand that this employment application and any other Company documents are not contracts of employment, express or implied, and that if hired, I may voluntarily leave employment, or may be terminated by the Company at any time and for any or no reason, with or without cause. I understand that any oral or written statements to the contrary are hereby expressly disavowed and will not be relied upon by me. I give the Company and its agents permission to enter the information I provide on this application into electronic information systems used by the Company.

The information given by me is certified to be true and complete for all practical purposes and it may be verified by Provider Services Inc. Should a position be offered and later it is found that the information is untrue, incomplete or misrepresented, I understand and agree that Provider Services Inc. is relieved of all commitments, financial or otherwise, pertinent to employment, and that I am subject to immediate discharge without recourse. I also understand that my employment is dependent upon my supplying proof that I am authorized to work in the United States. It is further understood that I may be offered employment conditioned on my successfully passing criminal and/or other background checks and/or drug test and/or physical exam to the satisfaction of the Company.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Provider Services Inc. is required by law to ask the following questions and may be required by law to report the answers to governmental agencies responsible for supervising health care, nursing home, home care and/or hospice care activity:**

1. Have you ever been convicted and/or been found guilty by a court of competent jurisdiction or a state agency of abusing, neglecting or mistreating residents or of misappropriating resident property in this state or in any other state? If so, please describe the offense, the date and place of the conviction, and the underlying circumstances or other information to help us evaluate your current fitness for employment.

No       Yes      Explain \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been convicted of a felony? If so, please describe the offense, the date of the conviction and the underlying circumstances or other information to help us evaluate your current fitness for employment.

No       Yes      Explain \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted of (1) cruelty to persons or (2) assault of a victim 60 years of age or older? If so, please describe the offense, the date of the conviction and the underlying circumstances or other information to help us evaluate your current fitness for employment.

No       Yes      Explain \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been sanctioned by a health care licensing agency in this or any other state, or in any other United States or foreign jurisdiction? If so, please identify the nature and date of the action, the licensing agency involved and the underlying circumstances or other information to help us evaluate your current fitness for employment.

No       Yes      Explain \_\_\_\_\_  
\_\_\_\_\_

"I hereby certify that I have not been convicted and/or found guilty of resident or patient abuse, neglect or mistreatment, or of misappropriation of resident or patient property in this state or in any state, and that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that any offer of employment that is extended to me by a Provider Services Inc. location is conditional upon the verification of this information with the state patient abuse registry and that a listing in such registry or the registry of any other state may act as an automatic withdrawal of any such offer of employment."

"I further understand that if I'm applying for a licensed or certified position, any offer of employment by a Provider Services Inc. location is conditional upon verification of my license or certification with the appropriate state agency. In the event that I have not yet been so licensed or certified and in the event that I am offered employment with Provider Services Inc., I agree to undertake the required training and competency certification requirements immediately upon commencing employment."

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name as Written Above)

**PLEASE SEE REVERSE SIDE OF THIS PAGE FOR IMPORTANT INFORMATION**

# INVESTIGATION INFORMATION RELEASE AUTHORIZATION

I understand that Provider Services Inc. requires a thorough pre-employment background investigation. This investigation is limited to only that information required to determine fitness for employment and may include, but is not limited to: employment history verification, job performance, disciplinary record, financial/credit history and a criminal background investigation. By signing this document, I agree to hold harmless any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization.

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DATE

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APPLICANT SIGNATURE