## 

# RESOLUTION HEALTHCARE STAFFING SERVICES

## Employment Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | |  | | | | | | | | | | |  | | Date: | | |  | | |
| Last | | | | | | | | | | | First | | | | | | | | | | | M.I. | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |
| City | | | | | | | | | | | | | | | | | | | | | | State | | | | ZIP Code | | | |
| Phone: | (     ) | | | | | | | | | | | | | E-mail Address: | | | |  | | | | | | | | | | | |
| Date Available: | | | |  | | | | Social Security No.: | | | | | |  | | | | | | | DOB: | | | |  | | | | |
| Position Applied for: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | YES | | | NO | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | YES | NO |
| Have you ever worked in a Family Care Home? | | | | | | | | | | YES | | | NO | | If yes, when/where? | | | |  | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | YES | | | NO | |  | | | | | | | | | | | | | | |
| If yes, explain: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been a NC resident for the past 5 years?   |  |  | | --- | --- | | YES | NO |   Are you willing to undergo a background check?\_\_\_\_\_\_ Are you willing to take a Drug Test? \_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School: | | |  | | | | | | | | | Address: | | | |  | | | | | | | | | | | | | |
| From: |  | | | | To: | |  | | Did you graduate? | | | | | | | YES | NO | | | Degree: | | |  | | | | | | |
| College: | |  | | | | | | | | | | Address: | | | |  | | | | | | | | | | | | | |
| From: |  | | | | To: | |  | | Did you graduate? | | | | | | | YES | NO | | | Degree: | | |  | | | | | | |
| Other: |  | | | | | | | | | | | Address: | | | |  | | | | | | | | | | | | | |
| From: |  | | | | To: | |  | | Did you graduate? | | | | | | | YES | NO | | | Degree: | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| References | | | | | | | | | | | | | | | | | | | | | |
| Please list two professional references. | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | | | | | | Relationship: | | | |  | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | Phone: | | | (     ) | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | |  | | | |  | | | | | | | |
| Full Name: | | |  | | | | | | | Relationship: | | | |  | | | | | | | |
| Company: | | |  | | | | | | | | | | | | Phone: | | | | | (     ) | |
| Address: | |  | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | |  | | | |  | | | | | | | |
|  | | |  | | | | | | |  | | | |  | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |
| Previous Employment | | | | | | | | | | | | | | | | | | | | | |
| 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? | | | | | | | | | YES | | | NO | | | | |  | | | | |
|  | | |  | | | | | | | | | |  | | | | | | |  | |
| 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? | | | | | | | | | YES | | | NO | | | | |  | | | | |
|  | | |  | | | | | | | | | |  | | | | | | |  | |
| 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? | | | | | | | | | YES | | | NO | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Training/Certificates | | | | | | | |
| CNA: | Y/N | | | CPR: | Y/N Exp: |  |  |
| Med Tech certified? | | Y/N | Other certifications/training? | | Y/N \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have First Aid training? | | Y/N Exp: Have you had a TB test in the past 30 days? Y/N | | |
|  | | | | |
| Disclaimer and Signature | | | | |
|  | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | | | |
| Signature: |  | | Date: |  |