##

# RESOLUTION HEALTHCARE STAFFING SERVICES

##  Employment Application

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| 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?

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

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| Do you have First Aid training?  | Y/N Exp: Have you had a TB test in the past 30 days? Y/N |
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| Disclaimer and Signature |
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| 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: |  |