



EMPLOYMENT APPLICATION

Date Application Completed: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Personal Information

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Previous Address: \_\_\_\_\_  
Street City State Zip

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Applying \_\_\_\_\_ Type of Position Preferred Shift  
 Per diem  Contract  7a - 7p  7p - 7a

Available Start Date: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

If you were not referred, how did you hear about us?  
 Website  Newspaper  Internet Posting  Mailer  Radio  Job Fair  TV

Do you understand the requirements of the Position you have applied for? YES \_\_\_\_\_ NO \_\_\_\_\_  
Can you perform the physical requirements without reasonable accommodation? YES \_\_\_\_\_ NO \_\_\_\_\_  
If no, please describe any accommodations needed: \_\_\_\_\_

Only United States Citizens or Aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment provide documentation verifying your legal right to work in the United States and your Identify? YES \_\_\_\_\_ NO \_\_\_\_\_

Education History

University : \_\_\_\_\_ Years Completed: 1 2 3 4  
Degree: \_\_\_\_\_  
City: \_\_\_\_\_ ST \_\_\_\_\_  
Year Graduated: \_\_\_\_\_

Certifications

Please indicate which certifications/credentials you have that are current. Please also include copies of all certifications with your application submission.

BLS  Yes  No EXP. Date: \_\_\_\_\_  
ACLS  Yes  No EXP. Date: \_\_\_\_\_  
PALS  Yes  No EXP. Date: \_\_\_\_\_

**Professional References**

Employer Company Name: \_\_\_\_\_  
Discipline/ Job Title: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ to \_\_\_\_\_  
Reference Name: \_\_\_\_\_ Reference Title: \_\_\_\_\_  
Reference Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Reference Email: \_\_\_\_\_

Employer Company Name: \_\_\_\_\_  
Discipline/ Job Title: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ to \_\_\_\_\_  
Reference Name: \_\_\_\_\_ Reference Title: \_\_\_\_\_  
Reference Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Reference Email: \_\_\_\_\_

**Consent for Reference Check:** I understand in order to complete the application process with Angel Healthcare, I must authorize release of information regarding previous or current employment.

**Authorization of release:**

\_\_\_\_\_  
Applicant Signature

**Employment**

(Please begin with most current)

Company: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Position and Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Position and Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Position and Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Statement of Truth**

I understand that this document titled "Employment Application" is a legal professional document and all statements made on it must be true and accurate without omission. Falsifying any statements on this document is an offense that reportable to the appropriate state board. I certify that I am to be best of my knowledge in good physical and mental health and able to carry out the duties of the position for which I am applying and that I can carry out these duties without endangering myself or those for whom I provide professional healthcare services.

I authorize Staff Station, dba Angel Healthcare Staffing to investigate my previous employment history, criminal background, and to contact the references listed on this application.

I certify that all statements made on this document are truthful and without intent to misrepresent my abilities to perform my job as a healthcare professional.

I agree to submit to alcohol and/or drug screening tests, if requested of me, at any time prior to or during my employment in accordance with applicable law and I further understand and consent to the results of said tests being communicated to the Company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Criminal Background Check Authorization

As a prospective employee of Angel Healthcare Staffing, I understand that it is Company Policy to secure criminal conviction information as part of the pre-employment screening process. Nothing contained in this form shall be deemed to constitute a request for consent to obtain any records of information regarding an arrest, detention or disposition of a violation of law in which a conviction does not result, except as to information relative to a pending felony charge.

If any information that is obtained is believed to be inaccurate by applicant it is his/her right to challenge the results within two days of receiving the results. It is the responsibility of the applicant to notify Angel Healthcare Staffing representatives of the intent to challenge.

I have been provided a summary of my rights under the Fair Credit Reporting Act and I authorize Angel Healthcare Staffing or their designated investigation agency to utilize the information listed below for the sole purpose of obtaining a criminal conviction file research.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever been known by or used any other name? YES \_\_\_ NO \_\_\_

If yes, please list: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex:  M  F

### Agreement to Confidentiality/At Will Employment/ Release of Records

We at Angel Healthcare want to ensure our employees that we respect your status of employment and your professional credentials to be confidential, but also want our employees to be aware that in order to remain compliant with our clients we will have to release information such as; your professional licensures, all professional certifications, dates of health screenings, dates and scores of required testing, and completion dates of required drug screening and criminal background checks.

Please read these following statements, your signature provides written consent to these statements:

❖ I understand that my employment with Angel Healthcare is "at will", meaning that either myself or Angel holds the right to terminate my employment at any time for any reason without cause. I also understand that neither the interview process nor the orientation process creates an employment contract.

❖ I certify that all statements given on my original Angel Healthcare application and orientation paperwork are true and complete to the best of my knowledge. This being said, I also understand that if any statements are found to be false at any time of my employment I will be terminated immediately.

❖ I understand that if offered a position with Angel Healthcare I am required to take a drug test that will indicate if I have any drugs in my body that would inhibit me from fulfilling my job duties. If the presence of any substance is detected in the drug screening, there is a possibility of rejection of my application and/or the termination of my employment. I do consent to the drug screening, and understand that the results will be kept in confidence between the employees at Angel Healthcare, and any vendors handling/reading the results. I release any legal liability against Angel Healthcare, its personnel, companies or corporations associated with the distribution of these results due to either a positive screen or refusal to do the screen.

❖ I agree to keep confidential any and all information that is not publicly known about Angel Healthcare and/or about the client's serviced. Confidential information includes, but is not limited to: financial information, client employee information, client operations, computer records, and patient information.

❖ I acknowledge that it is my responsibility to return any and all equipment to the rightful owner after completion of an assignment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Voluntary Equal Employment Identification Form

\*Providing this information is voluntary. Data collected will be handled confidentially to the extent allowed by law. Disclosure of this information will not result in any adverse employment action.

Race/Ethnicity (please check one):

- White, Non-Hispanic- A person having origins in any of the original peoples of Europe, North African, or the Middle East.
- Black- A person having origins in any of the Black racial groups of Africa.
- Hispanic origin, any race- A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origin, regardless of race.
- Asian or Pacific Islander- A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub continent, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian, Eskimo or Aleut- A person having origins in any of the original peoples of North America, and who maintains identification through tribal affiliation or community recognition.

Veteran Status (Please check all that apply)

- I am a Vietnam-era Veteran
- I have been determined to be a special disabled veteran or I am a campaign badge holder
- I am a recently separated veteran
- Yes, I would like to self identify as a veteran
- No, I do not wish to self-identify as a veteran