



EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL
THE INFORMATION REQUESTED
EXCEPT THE SIGNATURE

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE ALL THE PAGES AND PRINT
DATE _____

Name- ___ Last _____ First _____ Middle Initial _____

Present address _____

Street _____ City _____ Zip _____

How Long _____ Social Security _____ - _____ - _____

Telephone _____ Cell _____

Date Of Birth _____

Position Applied For 1) _____

And Salary Desired 2) _____

Days and Hours Available to work

Mon _____

Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

How many Hours can you work weekly? _____ can you work At
Night _____

Employment Desired @ Fulltime Only _____ Part Time _____ Per

Diem _____



When Available to work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence



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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license

Number _____

State of issue _____

Expiration date _____

Have you had any accidents during the past three years? How many? __ Have you had any moving violations during the past three years? How Many? __

THIS SECTION FOR OFFICIAL POSITION ONLY

TYPING SPEED

PERSONAL

COMPUTER SKILLS

Please list two other relatives or previous employers

Name _____

Position _____

Company _____

Address _____ Tel _____ Cell _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty ____ Date Entered _ Discharge Date _____

Work Experience: Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.



Name of employer Address City, State, Zip Code Phone number	Name of last	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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PLEASE READ CAREFULLY BEFORE SIGNING

1. I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire and termination of my employment
2. I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with TRUSTWORTHY HEALTHCARE RESOURCES, INC. ("THR") creates an actual or implied contract of employment. I understand that, if I accept employment with THR, it will be on at- will basis. This means that either THR or I have the right to terminate the employment relationship at any time, for any reason, with or without cause. If my employment is terminated, THR is liable only for wages or salary earned as of the date of termination.
3. I agree to submit to drug and alcohol testing, if requested by THR. I release THR, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.
4. I authorize THR to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release THR and its employees from all liability arising from such investigation.
5. Any doctor, hospital or testing laboratory has my consent to conduct medical or drug test on me, and I hereby give my consent to having all information released for THR to determine my abilities to perform job duties now or in the future.
6. I understand that THR requires all staff to report sanction, convictions, suspensions, censures or revocation action taken against them by federal, state, local, or other professional entities. These sanctions may include but not limited to infractions against professional licensure, criminal history convictions, history of child abuse, managed care organization, etc.
7. This application is current and active for only six months. At the conclusion of this time, if I have not had any contact from THR and still wish to be considered for employment, it will be necessary for me to complete a new employment application.
8. If employed, I understand that I must abide by THR's policies and procedures.



I have read and agree to the above and hereby certify that the information I have provided in my employment applications are true and complete.

Signature of Applicant _____ Date: _____

TRUSTWORTHY HEALTHCARE RESOURCES INC. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability

FOR PERSONNELL USE ONLY

Arrange interview: Yes___/ No _____ Interview

Date _____ Remarks _____

Employed Yes___/ No _____ Date Of Employment: _____

Job Title _____ Hourly Rate/ Salary _____

NOTE: Please attach copies of:

- CNA, GNA, or HHA Certificate
- Medication Technician Certificate
- Social Security Card
- Driver's License
- Physical Exam
- Immunization Record



- T.B. Clearance Certificate
- CPR Card
- First Aid Card

