

Date Placed on Active Roster _____

Personal Information (Please Print Information)

(Office Use Only)

Professional Certification (circle one): RN LPN CNA HHA PCA Companion/Sitter

Name: _____ / _____ / _____
(Last Name) (First Name) (Middle Initial)

Date of Birth: ____/____/____ Sex: ____ Social Security Number: _____
(Month) (Day) (Year)

Home Phone: (____) _____ Cell Phone: (____) _____ Other: (____) _____

Home Address: _____
(Street) (City) (State) (Zip) (County)

Mailing Address (if different from Above Address): _____ / _____ / _____
(PO Box) (City) (State) (Zip)

Emergency Contact Phone #:

US citizen? ____Yes ____No If "NO" do you have a current Work Authorization Card? ____Yes ____No

Education

High School Name: _____ City/State: _____

Diploma ____ GED ____ Highest Grade Completed _____

College, University or Professional School, including CNA School:

Name of College/Professional School City/State Date Attended Degree Obtained

Professional History (Please list professional history for the past 5 years - include the month and year)

1. Name _____ Dates _____ to _____

Address: _____ Hourly Pay Rate \$ _____
(Street) (City) (State) (Zip)

Phone # (____) Fax # (____) Duties _____

If no longer here, please state the reason why: _____

2. Name: _____ Dates _____ to _____

Address: _____ Hourly Pay Rate \$ _____
(Street) (City) (State) (Zip)

Phone # (____) Fax # (____) Duties _____

If no longer here, please state the reason why: _____

3. Name: _____ Dates _____ to _____

Address: _____ Hourly Pay Rate \$ _____
(Street) (City) (State) (Zip)

Phone # (____) Fax # (____) Duties _____

If no longer here, please state the reason why: _____

4. Name: _____ Dates _____ to _____

Address: _____ Hourly Pay Rate \$ _____
(Street) (City) (State) (Zip)

Phone # (____) Fax # (____) Duties _____

If no longer here, please state the reason why: _____

Personal References (please list three *personal* references, **not** someone you've worked for, who are not related to you)

1. Name _____ Phone # (____) _____

Address _____
(Street) (City) (State) (Zip Code)

Your relationship to this person (**friend, co-worker, clergy, etc.**) _____

2. Name _____ Phone # (____) _____

Address _____
(Street) (City) (State) (Zip Code)

Your relationship to this person (**friend, co-worker, clergy, etc.**) _____

3. Name _____ Phone # (____) _____

Address _____
(Street) (City) (State) (Zip Code)

Your relationship to this person (**friend, co-worker, clergy, etc.**) _____

Background Information

Have you ever been charged with a crime that was later dropped or dismissed? ____Yes ____No

If "Yes", what were the charges? _____

Where? _____ Date: _____

Have you ever plead guilty to or been convicted of a crime that is a felony or first-degree misdemeanor? ____Yes ____No

If "Yes", what were the charges? _____

Where? _____ Date: _____

Have you ever had adjudication of guilt withheld to a crime that is a felony or a first-degree misdemeanor? ____Yes ____No

If "Yes", what charges? _____

Where? _____ Date: _____

Note: A "Yes" answer to these questions does not automatically bar you from consideration for employment. The nature, severity and date of the offense in relation to your potential position will be considered.

It has never have been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) that I have abused, neglected, sexually assaulted, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of registration.

____ Applicant's Initials

Certification / Consent of Release

I am aware that any omissions, falsifications, misstatements, or misrepresentations may disqualify me from consideration and may be grounds for termination. I understand that any information I give may be investigated as allowed by law. **I consent to the release of information contained in my file (which may include, but not limited to, licenses, certificates, medical information, Nation-wide criminal background check, references and documentation) when requested by a potential client or referral source. I consent to this release via telephone, facsimile, e-mails or mailing services.** I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Applicant's Signature _____ Date _____