

Application for Employment



(Please print neatly and answer all questions)

www.healthskil.com

Employee # _____ RN LPN CNA Other: _____

Date of Application _____ Position(s) applied for: _____

Name _____ Social Security # _____
 First Middle Last

Current Address _____
 Street Apt.# City State Zip Code

Home Phone (____) _____ Pager/Cell (____) _____ Emergency Contact & # _____

Email: _____

Have you previously applied or been employed with HealthSkil? Yes No

If you are under 18, and it is required, can you furnish a work permit? Yes No

Have you ever been convicted of a crime ? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

Provide the following information for you past (6) employers, assignments or volunteer activities, starting with most recent.

From:	Employer:
Job Title:	Address: Phone:
Immediate Supervisor/Title:	_____ Salary: / hour / week / year
Reason for Leaving:	Duties:
From:	Employer:
Job Title:	Address: Phone:
Immediate Supervisor/Title:	_____ Salary: / hour / week / year
Reason for Leaving:	Duties:

3). From _____ to _____ Job Title: _____ Employer: _____ Phone: _____

4). From _____ to _____ Job Title: _____ Employer: _____ Phone: _____

5). From _____ to _____ Job Title: _____ Employer: _____ Phone: _____

6). From _____ to _____ Job Title: _____ Employer: _____ Phone: _____

Preferences Please answer all questions completely.

Is your resume or application on file already? Yes No Date Available for work ____/____/____

Type of work desired Full Time Part Time Temporary Direct Hire Temp to Hire Summer Work

What is your salary requirement? \$_____/hour \$_____/year

What is the distance you are willing to travel to work? _____ miles and/or _____ minutes

Shift Preference First Second Third

Indicate form of transportation you will be using to travel to work Car Walk Bus Ride Other

Indicate days available per week S M T W Th F S

Educational Background

Name & Location	Years Completed	Did you Graduate? Degree Earned	Course of Study
High School			
College			Major
Other			

References (Healthcare peers or co-workers)

Name	Title	Telephone Number	Years worked with

Certification of Information – I am applying for employment with People 2.0 and, by signing below, declare that the information I have provided in the application process is complete and true to the best of my knowledge. I understand and agree that any false information, omission or misrepresentation discovered before or after a job offer can result in rejection of my application or dismissal at any time during my employment.

Application and Equal Opportunity – People 2.0 is an Equal Employment Opportunity company. All qualified applicants will receive consideration without regard to gender, marital status, race, color, age, creed, religion, national origin, veteran status or disability. I understand that this form is for use in evaluating my qualifications for employment; it is not an offer or a promise of employment. A background investigation, interview, various tests and a policy review may be required before any final determination of my suitability for employment is made.

Verification and Background Investigation – I understand and agree that People 2.0 may make or arrange for investigative inquiries in order to determine my suitability for employment or retention and to verify my education, police and driving records, any past or pending civil actions, credit and workers compensation history, as allowed by law. I hereby authorize People 2.0 and/or its agents, including third party investigators and consumer reporting bureaus, to make such inquiries of various public and private agencies or sources, and to request such information and appraisals of my character, job performance and work habits. I acknowledge that a facsimile or copy of this release shall be as valid as the original.

Release of Information – I hereby authorize all former employers, companies, local, state, federal and other agencies, courts and law enforcement authorities to release any information concerning my background. I also authorize People 2.0 to disclose information on my background and work history (and to provide copies of this Application and any background or reference reports) to representatives of client companies where I may be considered for employment. I hereby release People 2.0 and its agents, and any persons, employers, companies, agencies and authorities who verify or provide information on my background from any liability for any damage whatsoever for disclosing or issuing any such information.

Drug Use and Testing – I understand that People 2.0 prohibits use of illegal drugs. I am willing to provide a urine, blood, hair or saliva specimen for drug and/or alcohol testing prior to and/or during my employment as a condition of assignment to certain job positions, or if there is any reason whatsoever to suspect drug or alcohol use. I understand that company policy requires a drug and alcohol test whenever there is an on-job accident or injury. I hereby authorize and consent to all such tests and acknowledge my understanding that a positive drug test or refusal to submit to a required drug test will result in my dismissal. I hereby release People 2.0, its clients and any clinic, individual or test product manufacturer that may administer or provide a drug or alcohol test from any and all claims arising out of the results of such a test, and from any action taken on the basis of those results.

I am voluntarily signing below to acknowledge that I have read and fully understand the Certification and Acknowledgments above. I have had the opportunity to ask questions before signing, and all explanations have been in language I understand.

Date Signature