

TOTAL CARE STAFFING SOLUTIONS, LLC.

PO BOX 511, DUBOIS, PA 15801 (814) 603-0474

Employment Application



APPLICANT INFORMATION											
Last Name				First				M.I.		Date	
Street Address								Apartment/Unit #			
City				State				ZIP			
Cell Phone				E-mail Address							
Date Available				Social Security No.				License Number			
RN, LPN, CNA, or Other				Year License Obtained		Date License Expires					
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?			
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain			
EDUCATION											
High School				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
College				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
Other				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
EXPERIENCE											
<i>Please list your professional experience</i>											

<u>Healthcare Setting</u>	<u>Years in Practice</u>	<u>Specialty Areas/Skills</u>
Hospital	_____	_____
Long-Term Care/Nursing Home	_____	_____
Rehabilitation	_____	_____
Home Care/Hospice	_____	_____
Private Duty	_____	_____
Education/Academia	_____	_____
Military	_____	_____

SHIFT PREFERENCES AND AVAILABILITY

FULL-TIME:	PART-TIME:	WEEKDAYS:	WEEKENDS:
___ 7AM-3PM	___ 7AM-3PM	___ MONDAY	___ SATURDAY
___ 3PM-11PM	___ 3PM-11PM	___ TUESDAY	___ SUNDAY
___ 11PM-7AM	___ 11PM-7AM	___ WEDNESDAY	
___ 7AM-7PM	___ 7AM-7PM	___ THURSDAY	
___ 7PM-7AM	___ 7PM-7AM	___ FRIDAY	

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

AUTHORIZATION FOR BACKGROUND CHECK AND RECORDS RELEASE

In connection with this application you hereby authorize Total Care Staffing Solutions, LLC to perform a background check to verify all the information that was provided on this application; as well as, any associated information regarding your background, education, experience, employment, licensure, certification and violations, is accurate and truthful. Further, you authorize the release of the following information needed for your consideration of employment with Total Care Staffing Solutions, LLC:

Copy of professional license(s)

Copy of CMEs

Copy of current Driver's license/Picture ID (both sides)

Annual Physical and Immunization Records

Current 2 step PPD

Resume and Educational History

Professional Credentials, References (two letters of recommendation) and Employment History

Pennsylvania State Police Criminal Record Check

Federal Bureau of Investigation Criminal Background Check

Pennsylvania Child Abuse History Clearance

Drug Screening Report

DISCLAIMER AND SIGNATURE

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