

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

Please list your professional experience

Healthcare Setting	<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