

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Today's Date: _____

Name: _____
(Last, First, Middle)

Address: _____ City: _____

State: _____ Zip: _____ Home Telephone: _____

Email Address: _____ Alt. Phone: _____

EMPLOYMENT DESIRED

Position Applied For: _____

License or Certificate Number: _____ Expiration Date: _____

Other Certifications: _____

Have you ever had any professional license or certification placed under investigation, disciplined, suspended, revoked, or put on probation? _____

If Yes, Explain: _____

Salary Desired: _____ Date You Can Start: _____ Shifts Avail: _____

Are you employed now? _____ May we contact your present employer? _____

Have you ever applied or worked for Best Care Nursing? _____

EDUCATION

GRADE LEVEL	NAME and LOCATION	CURRICULUM
High School		
College		
Other		

FORMER EMPLOYERS

(1)

Date From	Date To	Name of Employer	Phone Number	Salary
		Title & Duties	Reason for Leaving	
			<hr/> <hr/> <hr/>	
			Did you leave with notice? Yes / No Were you terminated? Yes / No	

(2)

Date From	Date To	Name of Employer	Phone Number	Salary
		Title & Duties	Reason for Leaving	
			<hr/> <hr/> <hr/>	
			Did you leave with notice? Yes / No Were you terminated? Yes / No	

(3)

Date From	Date To	Name of Employer	Phone Number	Salary
		Title & Duties	Reason for Leaving	
			<hr/> <hr/> <hr/>	
			Did you leave with notice? Yes / No Were you terminated? Yes / No	



IN CASE OF EMERGENCY NOTIFY: _____
(name & phone number)

I hereby authorize Best Care Nursing Services, Inc. to conduct an investigation into my background including an investigation of my character, employment record, military record, education and training, and conviction record. I understand that my employment is conditional upon the receipt and review of all required investigations and background checks, including conviction records. I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the company after this application expires, it will be my duty to fill out a new application and file it with the company. Otherwise, the company will not consider me for employment after this application expires. I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. I agree to conform to the rules and regulations of the company, and understand that if hired I will be a "terminable at will" employee, and that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I understand that neither this document, nor any other documents or letters received by me during my employment with Best Care Nursing Services, Inc., not any offer of employment from Best Case, not any statement made by any of its agents or representatives constitute any employment contract, unless a specific document to that effect is executed by the President and myself in writing.

By filling out this application, I am genuinely interested in working for Best Care Nursing Services, Inc.

Applicant Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE PERSONNEL ONLY

Comments: _____



RELEASE OF INFORMATION REQUEST

I, _____, request that you release my dates of employment with your company.

Signature

=====

DO NOT WRITE BELOW THIS LINE - FOR FAXED VERIFICATION OF EMPLOYMENT

=====

Company Name: _____

Dates of Employment: From: _____ To: _____

Position: _____

Signature

Job Title

Please Fax Back to: (616) 455-3547

AVAILABILITY QUESTIONNAIRE

Name: _____

Title: _____

Please answer the following questions.

Are you available to work the following?

Yes / No

1. 1st Shift _____

2. 2nd Shift _____

3. 3rd Shift _____

4. Weekdays _____

5. Weekends _____

6. Holidays _____

7. Work within Grand Rapids City Limits _____

8. Work outside Grand Rapids _____

9. Please list your shift preference(s) _____

10. Please list any facilities you are unwilling or unable to work _____

11. Do you have any work limitations? _____ If yes, explain: _____

Signature: _____

Date: _____