



SKILLED NURSING EMPLOYMENT APPLICATION

Date: _____

PERSONAL INFORMATION

Last Name: _____ First _____ Middle Initial: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Are you legally qualified to work in the United States? YES NO

Social Security Number: _____ Are you over the age of 18? YES NO

Position applying for: _____

AVAILABILITY						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning <input type="checkbox"/>						
Afternoon <input type="checkbox"/>						
Evening/nite <input type="checkbox"/>						

Are there any specific hours that you are not available for work? If so, please list below:

EMPLOYMENT HISTORY

Please list your work experience starting with your most recent employer:

Employer Name, Address and Phone Number	Name of Last Supervisor	Employment Dates:	Pay:
		From: To:	Start: End:
Title and Responsibilities:		Reason for Leaving:	
		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	



Employer Name, Address and Phone Number	Name of Last Supervisor	Employment Dates:	Pay:
		From: To:	Start: End:
Title and Responsibilities:		Reason for Leaving:	
		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer Name, Address and Phone Number	Name of Last Supervisor	Employment Dates:	Pay:
		From: To:	Start: End:
Title and Responsibilities:		Reason for Leaving:	
		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	NUMBER OF YEARS COMPLETED?	MAJOR/DEGREE
High School				
College				
Graduate School				
Other Schools Attended				



Describe any additional skills, qualifications, certifications, or training which qualify you for the position(s)

Are you able to perform the essential functions of the job(s) for which you are applying? YES NO

If no, describe the functions that cannot be performed:

FOR SKILLED NURSES ONLY

SPECIALTY: Check all that apply

<input type="checkbox"/>	Medical/Surgical	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Autism
<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>	Hospice	<input type="checkbox"/>	Other
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Home Health		
<input type="checkbox"/>	Director of Nursing	<input type="checkbox"/>	Alzheimer's or Dementia		

Experience:

less than a year 1-3 years 3-5 years more than 5 years

Do you have a current license? YES NO If yes, in which state? _____

Has your nursing license ever been suspended or revoked? YES NO

If yes, explain:

SKILLS INVENTORY

	Years of Experience	Training		Years of Experience	Training		Years of Experience	Training
Hospital			Transfer			Geriatric Care		
Nursing Home			Bathing			Pediatric Care		
Private Home			TPR			Psychiatric Care		
Meal Prep			Blood Pressure			AIDS Care		
Special Diets			Dressing Change			Maternal		
CVA			Warm/Cold Compress			Intellectual Disability Care		
IV Therapy			Respiratory Care			Alzheimer's Care		
Foley Care			Ostomy Care			Oncology / Hospice Care		
Tracheostomy			Ventilator					



Please list any two professional references.

Name:	Job Title/Relationship:
Company:	Address:
Phone:	Email address:

Name:	Job Title/Relationship:
Company:	Address:
Phone:	Email address:

If this position involves driving, please provide:

Driver's License Number: _____
Car Insurance Information: _____

PLEASE READ CAREFULLY

As an applicant for employment with HSETC, I understand the following:

- Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.
- My employment is not guaranteed for any term, and my employment may be terminated by the Company or myself at any time and for any reason.
- Nothing contained in this document, or in the granting of an interview, is intended to create an employment contract between Health and Safety Education Training Center. And me. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon this Employer unless made in writing.
- This application will remain on active file for 90 days. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired within 90 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Health and Safety Education Training Center.

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment if I am hired.

I hereby give Health and Safety Education Training Center the right to make a thorough investigation of my past employment references, and to perform a criminal background check as required by state law. I release from all liability those persons, companies and organizations supplying such information. I indemnify Health and Safety Education Training Center against any liability which might result from making such an investigation.

Signature of Applicant: _____ Date: _____



Health and Safety Education Training Center provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

*Thank you for completing this application form
and your interest in our business.*