

# Advanced Care Staffing

545 Broadway 3<sup>rd</sup> Floor

Brooklyn, NY 11206

Tel: (718) 305 6700 • Fax: (718) 305 6824

## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_ Social Security# \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # ( ) \_\_\_\_\_ Mobile/Beeper/Other Phone # ( ) \_\_\_\_\_ Email address \_\_\_\_\_

Position applied for \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

In case of Emergency Notify: Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If necessary, best time to call you at home is ..... am pm

May we contact you at work.....Yes  No

What is the work number and the best time to call:

( ) \_\_\_\_\_ : \_\_\_\_\_ am pm

Have you submitted an application here before? ...Yes  No

If yes, give the date and position(s): \_\_\_\_\_

Have you ever been employed here before?.....Yes  No

If yes give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment  
in this country? .....Yes  No

Date available to work ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired:  Full Time  Part time  
 Educational Co-Op  Seasonal  Temporary

Type of work schedule interested in:

Days (1<sup>st</sup> shift)  Evening (2<sup>nd</sup> shift)  Nights (3<sup>rd</sup> shift)  
 Pool  Weekends  Split shift  
 Rotating shift  Overtime

Will you relocate if job requires it? .....Yes  No

Will you travel if job requires it?.....Yes  No

If they have been explained to you, are you able to meet the  
attendance requirements of the position? N/A  Yes  No

Will you work overtime if required? .....Yes  No

If no please explain: \_\_\_\_\_

Are you able to perform the essential functions of the job  
for which you are applying (with or without reasonable  
accommodation)?

This question is not designed to elicit information about an applicant's disability,  
particular accommodation, or whether accommodation is necessary. These issues may  
be addressed at a later stage to the extent permitted by law.

Yes  No   Need more information about the job's  
"essential functions" to respond

Driver's license number required if driving may be required in  
the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? .....Yes  No

Answering "yes" to the following question does not constitute and automatic bar  
to employment. Factors such as date of the offences, seriousness and nature of the  
violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to,  
or been convicted of a crime? .....Yes  No

If yes, please provide date(s) and details:

Have you entered into an agreement with any former employer  
or other party (such as a non-competition agreement) that might,  
in any way, restrict your ability to work for our company?

.....Yes  No

If yes, please explain: \_\_\_\_\_

# EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information.

Employer	Telephone#	Date employed: Month _____ Yr _____ to Month _____ Yr _____
Street address	City	<b>COMPENSATION (STARTING)</b>
	State	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Starting job title/final job title		Commission/bonus/other compensation \$ _____ per _____
Immediate supervisor and title (for most recent position held)		<b>COMPENSATION (FINAL)</b>
Why did you leave?	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone#	Date employed: Month _____ Yr _____ to Month _____ Yr _____
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## SKILLS AND QUALIFICATIONS

Please use the space below for any additional information necessary to describe your full qualifications (i.e. specialty areas such as ICU, OB/GYN, special equipment, typing speed, computer software programs).

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Do you speak, read or write in any language other than English?..... Yes  No

If yes, please describe: \_\_\_\_\_

## EDUCATION AND TRAINING

NAME OF SCHOOL AND ADDRESS	NO. OF YEARS	COURSE/MAJOR	DIPLOMA/DEGREE

## PROFESSIONALS & TECHNICAL APPLICANTS ONLY

PROFESSIONAL LICENSES NO.	TYPE OF LICENSE	PLACE OF ISSUE	EXPIRATION DATE

## REFERENCES

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

NAME	TITLE	Relationship	PHONE	# of Yrs Known

Membership in professional organizations: if you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification?..... Yes  No

If yes, please give date, location, and disposition of your case \_\_\_\_\_

"I CERTIFY THAT THE FACTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_

Neatness: \_\_\_\_\_ Ability \_\_\_\_\_ Hired: Yes  No

Position \_\_\_\_\_ Dept \_\_\_\_\_ Salary/Wage \_\_\_\_\_ Date Reporting to Work \_\_\_\_\_

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_