



EMPLOYMENT APPLICATION

Team Nurse is an Equal Opportunity Employer and does not discriminate because of race, color, age, sex, religion, national origin, disability, veteran's status, marital status, or other status protected by law. It is the policy of Team Nurse to recruit, hire, promote for all job classifications on the basis of merit, qualifications and competence. This applies to all categories of employment.

PLEASE FILL OUT ALL INFORMATION REQUESTED ON THIS APPLICATION	
Position Applying For	<input type="checkbox"/> NA <input type="checkbox"/> PCA <input type="checkbox"/> CNA <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> HHD <input type="checkbox"/> Clerical <input type="checkbox"/> S/C <input type="checkbox"/> Administrator <input type="checkbox"/> Corporate <input type="checkbox"/> Maintenance <input type="checkbox"/> Other: _____
	Years of Related Experience: _____ Date Available to Begin Work: _____
PERSONAL INFORMATION	
Last Name:	First Name:
M.I.	
Maiden:	
Address:	City/State:
Zip Code:	
Home Telephone:	Cell/Alternate Telephone:
Emergency Contact:	Emergency Telephone:
By what source were you referred to Team Nurse for Employment?	<input type="checkbox"/> Contact on my own <input type="checkbox"/> VEC <input type="checkbox"/> Newspaper <input type="checkbox"/> Career Day/Job Fair <input type="checkbox"/> Employee/Client List name of VEC, Newspaper, Career Day/Job Fair or Employee/Client: _____
Is there any reason you are unable to perform all of the physical duties of the position for which you have applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe: _____	
Can you perform all of the duties, with or without reasonable accommodations, of the position for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please describe: _____	
Have you ever been discharged or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain reason(s): _____	
Are you lawfully authorized to work in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any foreign languages you can interpret/translate? <input type="checkbox"/> Yes <input type="checkbox"/> No List of Foreign Languages: _____	
Are you currently with or ever worked with another healthcare agency? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list all healthcare agencies and salaries: _____	

CONVICTION(S) OF A CRIME DOES NOT AUTOMATICALLY BAR EMPLOYMENT. FACTORS SUCH AS AGE AT TIME OF OFFENSE, SENTENCED TIME AND REHABILITATION WILL BE TAKEN INTO ACCOUNT IN DETERMINING EFFECT ON SUITABILITY FOR EMPLOYMENT.

Have you ever committed, been convicted of, plead guilty to, or please *nolo contendere* to a felony or a misdemeanor (excluding traffic violations) in Virginia or outside of the jurisdiction of Virginia? ___ Yes ___ No

If Yes, please explain:

Have you ever committed, been convicted of, plead guilty to, or please *nolo contendere* to any offense involving sexual molestation, sexual abuse, or rape, including a deferred sentence in Virginia or outside of the jurisdiction of Virginia? ___ Yes ___ No

If Yes, please explain:

Are you currently involved or recovering from any form of drug or alcohol abuse? ___ Yes ___ No

If Yes, please describe:

Have you ever had your nursing license or certification revoked, suspended, or has had any disciplinary actions against you/your license? ___ Yes ___ No

If Yes, please explain:

Are you involved in any pending or future malpractice claims? ___ Yes ___ No

If yes, please explain:

Do you have a current and unrestricted driver's license? ___ Yes ___ No

Has your license ever been suspended, revoked or placed on probation? ___ Yes ___ No

If Yes, please explain:

EDUCATION

	Name and Address of School	Years Completed	Did you graduate?	Subjects Studied and Degree Received
High School		1 2 3 4	___ Yes ___ No	
College		1 2 3 4	___ Yes ___ No	
Post College		1 2 3 4	___ Yes ___ No	
Trade, Business or Correspondence School		1 2 3 4	___ Yes ___ No	

OTHER QUALIFICATIONS

___ Typing (WPM) ___ Shorthand (WPM) ___ Word Processing (WPM) ___ Numeric/10-Key Adding Machine

Other (please specify):

Are there any other experience, skills or qualifications which you feel would especially fit you for work with a hospital? ___ Yes ___ No

If yes, please specify:

Is there anything else you would like us to know about you?

EMPLOYMENT HISTORY			
Current or Last Employer:		Phone Number:	
Address:			
Position Held:		Starting Salary: \$	Ending Salary: \$
Date Employment Started:		Date Ended:	
Nature of Duties:			
Reason for Leaving:			
May we contact this employer for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Employer:		Phone Number:	
Address:			
Position Held:		Starting Salary: \$	Ending Salary: \$
Date Employment Started:		Date Ended:	
Nature of Duties:			
Reason for Leaving:			
May we contact this employer for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Employer:		Phone Number:	
Address:			
Position Held:		Starting Salary: \$	Ending Salary: \$
Date Employment Started:		Date Ended:	
Nature of Duties:			
Reason for Leaving:			
May we contact this employer for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No
PERSONAL REFERENCES (non-family members)			
Name:		Phone Number:	
Address:			
Business Position:			
Name:		Phone Number:	
Address:			
Business Position:			
Name:		Phone Number:	
Address:			
Business Position:			
FOR LICENSED OR CERTIFIED PROFESSIONAL APPLICANTS			
State License or Certification:		Expiration Date:	Number:
Nurse Aide Certificate:		State:	
CPR Date:		Expiration Date:	

PLEASE SIGN APPLICATION ON REVERSE SIDE →

READ CAREFULLY

In the event my application is accepted for consideration, I authorize an investigation of all statements contained in this application. I also hereby release any and all persons, companies, or agencies responding to such investigation from any damage due to releasing any information they have regarding me, whether or not it is in their records, pertaining hereto. I understand that all reference information provided will be kept confidential.

I understand successful completion of the matters set forth above is a prerequisite to employment or continued employment. I swear and affirm that the information contained in this application is true and accurate. I further understand that misrepresentation of facts asked for on this application will generally result in my application not being further considered by Team Nurse, and/or will general result in dismissal from employment no matter when discovered.

I understand that nothing contained in this employment application is intended to create an employment contract between me and **Team Nurse**. If at some point an employment relationship is established, I also understand that my employment status will be at will, which means that my employment may be terminated by me or **Team Nurse** at any time, for any reason. If I am employed, I agree to comply with all of the rules and regulations of Team Nurse.

Medical Authorization Release: I hereby give my permission to my doctor and medical facility to release my most recent Tuberculosis test and/or X-Ray, Hepatitis Screening, and/or shot history, and other necessary medical documentation to Team Nurse for the purpose of obtaining employment with **Team Nurse**.

Applicants Signature

Date

Printed Applicants Name