



SPECIALTY NURSING SERVICES, INC.

APPLICATION FOR EMPLOYMENT

Please complete the following application. All employment decisions are made pursuant to a policy of providing equal opportunities without regard to race, color, religion, national origin, ancestry, marital status, sex, age, or non-job related physical handicaps. Your application will be considered with others who have also applied for this position.

How did you learn of this position? Newspaper ___ Job referral service___ Current employee_____ Other:_____

POSITION DESIRED: _____
Part Time ___ Full Time ___ Days ___ Swings ___ Nights ___

Date Available to Start: _____

PERSONAL INFORMATION:

Name: _____
Last First Middle
ADDRESS: _____
Number and Street City State Zip
PHONE: () _____ **SOC. SEC. #:** _____

Are you 18 years of age or older? Yes No
Have you ever been convicted of a felony, or, within the last five years, a misdemeanor which resulted in imprisonment?
No ___ Yes ___ (Explain fully): _____

Note that the existence of a conviction will not necessarily disqualify them from the position.

If you are selected for employment with Specialty Nursing Services, Inc., upon hire, you will be required to produce original or certified documents establishing your identity and employment eligibility. Are you able to submit verification of your legal right to work in the United States? Yes ___ No ___

Have you previously been employed by this company? No ___ Yes ___ If so, in what capacity? _____
Are you related to anyone in our employment? Yes ___ No ___ Who? _____
Do you have any computer or office skills? _____

Do you currently hold a valid professional license or certificate? Yes No
If yes, please note type of license or certificate: RN ___ LPN/LVN ___ C.N.A. ___ CHHA ___
Homemaker _____
License Number: _____ **State:** _____ **Expiration Date:** _____

Are you currently attending school? No ___ Yes ___ Where: _____
What subjects of special study are you studying? _____

Please list Job-Related organizations, clubs, professional societies, or other associations to which you belong. (You do not have to list those which indicate your race, religion, color, national origin, ancestry, physical handicap, sex, or age.)

EMPLOYMENT HISTORY: List all former employers and positions: (Please list the most recent employer first and account for any gaps in employment.)

Employing Firm	Address	From – To (Mo/Yr)
Position Held	Supervisor	Phone
Duties		Last Salary
Reason for Leaving:		

Employing Firm	Address	From – To (Mo/Yr)
Position Held	Supervisor	Phone
Duties		Last Salary
Reason for Leaving:		

Employing Firm	Address	From – To (Mo/Yr)
Position Held	Supervisor	Phone
Duties		Last Salary
Reason for Leaving:		

REFERENCES: List people who have first hand knowledge of your abilities, experience, and work habits.

NAME	Relationship	Address	Phone

I, hereby certify that all of the information set forth herein is true and correct. I understand that discovery of any false statement, misrepresentations or omissions of requested information on this application shall be grounds for immediate dismissal. I authorize investigation of any factual statements supplied on the application and, hereby, release my present and past employers and named references from any damages that may result from furnishing said information and also do, hereby, consent to an acknowledgement that, if I am hired, my employment may be terminated at any time either by me or by my employer, with or without cause, for any reason, or no reason.

I certify that I have read the above statement and understand its terms.

Signature

Date