Name: _____ ☐ Nurse Aide ☐ Home Health Aide ☐ Companion ☐ MA ☐ Mental Health Tech

Personal

Name _____ Preferred Name_____ Social Security #_____ Date _____
Street Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Alternate Phone Number _____ Work Phone Number _____
Florida Certificate No. _____
Transportation? ☐ Yes ☐No Do you have a valid Driver's License? ☐ Yes ☐ No
How did you learn about United Nursing Services? _____

All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, age, disability, sex, marital status, liability for service in the armed forces of the United States, citizenship, or any other characteristic protected by law.

PROFESSIONAL REFERENCES (List the names of two Licensed Nurses: exclude relatives or former employers.)

Name	Telephone Number	Best Time To Call

WORK HISTORY (Please list in order, present or last employer first.)

1. Name _____ Phone_____
Address _____
Job Title _____ Salary _____
Your work name if different _____
Dates Worked: From_____ To _____ Hrs/Wk_____
Supervisor _____ Shift _____
Duties_____
Reason for leaving _____

3. Name _____ Phone_____
Address _____
Job Title _____ Salary _____
Your work name if different _____
Dates Worked: From_____ To _____ Hrs/Wk_____
Supervisor _____ Shift _____
Duties_____
Reason for leaving _____

2. Name _____ Phone_____
Address _____
Job Title _____ Salary _____
Your work name if different _____
Dates Worked: From_____ To _____ Hrs/Wk_____
Supervisor _____ Shift _____
Duties_____
Reason for leaving _____

4. Name _____ Phone_____
Address _____
Job Title _____ Salary _____
Your work name if different _____
Dates Worked: From_____ To _____ Hrs/Wk_____
Supervisor _____ Shift _____
Duties_____
Reason for leaving _____

Please explain any gaps in employment_____

EXPERIENCE (Please check areas of experience and skills in appropriate blocks. Do not include school experience.)

AREA	EXP. IN LAST 3 YRS	AREA	EXP. IN LAST 3 YRS	AREA	EXP. IN LAST 3 YRS	AREA	EXP. IN LAST 3 YRS	AREA	EXP. IN LAST 3 YRS
Alcohol Detox		Home Care				Operating Room		Psychiatric	
		Intensive Care		Neurological		Orthopedics		Rehabilitation Care	
Cardiac Care		Labor & Delivery		Nursery		OB/Gyn		Surgical Floor	
Child Care		Medical Floor		Nursing Home		Pediatrics		Urology	
Doctor's Office		Medicare Home Care		Oncology		Private Duty in Facility			

SKILL	YES	NO	SKILL	YES	NO	SKILL	YES	NO	SKILL	YES	NO	SKILL	YES	NO	SKILL	YES	NO
Asst. Admin O2			Catheter Care			Hoyer Lift			Prepare Meals			Specimen Collection			Traction		
Bed Bath			Child Care			Intake & Output			Psychiatric Patients			Substance Abuse			Transfers		
Blood Pressure			Enema			Ice Bags			Range of Motion			TPR					

Would you accept a short-term live-in assignment? ☐ Yes ☐ No Long term? ☐ Yes ☐ No

First day available for work _____ Amount of work wanted per week _____

Please complete the Supplemental Employment Questionnaire.

ACKNOWLEDGMENT (Please read carefully and sign.)

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give the Company permission to use any information in this application to enable it and its agents to verify the information contained in this application, and I authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by the Company with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment with the Company, United Nursing Services may conduct a criminal background investigation and that my employment with the Company may be contingent on the results of such investigations. I release the Company, its agents, and all affiliated entities, as well as any person or institution that provides the Company with any information about me, from any and all liability whatsoever resulting from any such investigation or disclosure of such information.

In consideration of my being considered for employment. I agree to abide by all Company rules and regulations, which I understand are subject to change by the Company at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either the Company or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of the Company, at any time, can constitute a contract of employment. No representative or agent of the Company other than the Director of Human Resources by either written or mutually signed agreement contrary to the foregoing.

In addition, I understand that the Company and all compensation and benefit plan administrators have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise administer, interpret or change all policies, procedures, benefits or other terms and conditions of employment.

I am willing to submit to a physical examination, **including the analysis for detection of the use of unlawful drugs or substances in accordance with applicable laws.** If I receive an offer of employment at the request of the Company and if one is given, I agree that my continued employment may be contingent on the results.

I agree, in consideration of your employing me, that I will not seek or accept employment, directly or indirectly in any capacity from any client of United Nursing Services to whom I have been assigned, for at least 90 working days after the last day of that assignment. I also agree that I will not solicit these clients on my behalf nor on behalf of any future employer(s). I further understand that I cannot be paid until I present a time slip signed by both the client and me to the office.

I understand that no auto insurance coverage is provided for me and that I am not to transport patients in my automobile; nor am I to drive patients in the patient's automobile without written consent from United Nursing Services.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

_____ _____

Applicant Signature **Date**