NURTURING HEALTH CARE SERVICES.
APPLICATION FOR EMPLOYMENT

Date: _____

SECTION 1: Name/ Address

Last Name:		First Name:		Middle:	
Address:					
City:	State:	Zip:	Telephone:	Cell:	
Social Security #:					

SECTION 2: Desired Employment

Position: Hourly	Visits	Live-In	other:	Date you can start:	
Are you currently employed? Yes	No				
If employed, may we inquire of your current employer? Yes	No				
Have you applied to this registry before? Yes	No				
Salary desired:	Years of experience:				

SECTION 3: General Information

Do you own a car? Yes	No	Registration#:		Driver's License:	
Car Insurance Company:		Car Model:		Year:	
Have you ever been convicted of a crime? Yes	No				

SECTION 4: Education

High School	Name & Location of School:				
	Date Graduated:	Degree:			
University/College Undergraduate	Name & Location of School				
	Years Attended:	Date Graduated:	Degree:		
University/ College Graduate	Name & location of school:				
	Years Attended:	Date Graduated:	Degree:		
Trade, Business or Correspondence School	Name & Location of School:				
	Years Attended:	Date Graduated:	Degree:		

SECTION 5: Employment History

Employer:	Supervisor:		Job Title:		
Address:	Duties:				
Phone:	Salary:				
Date From:	Date To:	Reason for Leaving:			

Employer:	Supervisor:		Job Title:		
Address:	Duties:				
Phone:	Salary:				
Date From:	Date To:	Reason for Leaving:			

INITIALS _____

NURTURING HEALTH CARE SERVICES.

SECTION 6: Personal References

Name:		Occupation:	
Address		Relationship:	
Phone:		Years Known:	

Name:		Occupation:	
Address:		Relationship:	
Phone:		Years Known:	

SECTION 7: Physical Record

Do you have any Physical disabilities that would prevent you from performing the work for which you are applying? Yes ☐ No ☐ If so, please describe:
Have you ever been injured? Yes ☐ No ☐ Provide Details:

SECTION 8: License/ Certification

TYPE	LICENSE/CERT.#	EXPIRATION DATE	STATE ISSUED

SECTION 9: Additional Areas of Expertise

Areas of specialized study, research or additional experience:
List the foreign languages you speak fluently: Read: Write:
U.S. Military Services: Separation Rank:
Present Membership in National Guard or Reserve Yes ☐ No ☐

I voluntarily give the right to make a thorough investigation of my past employment. I agree to cooperate in such an investigation. I understand that my employment will be based in part on the accuracy of the information provided on this application and for no definite period of time.

Applicant Signature_____ Date_____

REGISTRY AUTHORIZED REPRESENTATIVE INTERVIEWER	
HIRED? YES ☐ NO ☐	SIGNATURE:

INITIALS:_____

NURTURING HEALTH CARE SERVICES.
REFERENCE CHECK FORM

ATTN: _____ **DATE:** _____

ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____ **FAX:** _____

To whom it may concern,

The applicant listed below is applying for a position as _____ **and has provided your name as an employment reference. As we place great importance on the thorough screening of our applicants, we would appreciate a prompt and thoughtful response.**

Thank you in advance,

Section 1 – To be completed by the applicant

I, _____**, owner of the Social Security #**_____**, hereby authorize NURTURING HEALTH CARE SERVICES to contact you as my previous employer.**

_____
APLICANT'S SIGNATURE

Section 2 – To be completed by the previous employer

---

1. **Length of employment from** _____ **to** _____**.**
2. **Functioned in the capacity of RN**____**LVN/LPN**____**HHA/CNA**____
3. **Reason for leaving**_____
4. **Is the applicant eligible for rehire? Yes**___ **No**___

PLEASE COMMENT ON THE APPLICANT'S ATTTRIBUTES USING THE FOLLOWING SCALE:

POOR FAIR GOOD VERY GOOD EXCELLENT

_____ **Ability to follow instructions** _____ **Reliability and Attendance**
_____ **Professional dress and grooming** _____ **Ability to work with others**
_____ **Willingness to assume responsibility** _____ **Quality of work**
_____ **Skills / Proficiency** _____ **Job Knowledge**
_____ **Overall Job Performance**

Additional Comments: _____

_____

Name (please print) _____
Signature _____ **Position/Title** _____
Date: _____

Thank you!

INITIALS: _____

NURTURING HEALTH CARE SERVICES.
REFERENCE CHECK FORM

ATTN: _____ **DATE:** _____

ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____ **FAX:** _____

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APLICANT'S SIGNATURE

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_____ **Ability to work with others**
_____ **Quality of work**
_____ **Job Knowledge**

Additional Comments: _____

_____

Name (please print) _____
Signature _____ **Position/Title** _____
Date: _____

Thank you!

INITIALS: _____