



# Application for Employment

WE CONSIDER APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION OR ANY OTHER LEGALLY PROTECTED STATUS.

(PLEASE PRINT)

POSITION APPLIED FOR			DATE OF APPLICATION
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
Last Name	First Name	Middle Int.	Birth Name
Address (Street, City, State and Zip)			
Telephone Numbers:		Last four digits SS Number:	
Home:	Work:	Cell Phone:	

If under 18 years of age can you provide required proof of your eligibility to work?

Yes  No

Have you ever filed an application with us before?

Yes  No

If yes give date: \_\_\_\_\_

Have you ever been employed with us before?

Yes  No

If yes give date: \_\_\_\_\_

Are you currently employed?

Yes  No

May we contact your present employer?

Yes  No

Are you prevented from lawfully becoming employed in this Country because Of Visa or Immigration Status (*Proof of citizenship or immigration status will be required*)

Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available for work?

Full time

Part Time

Days

Evenings

Nights

Weekends

Other restrictions: \_\_\_\_\_

Do you have dependable private transportation?

Will you be relying on Public Transportation?

Have you ever been convicted of a felony within the last 7 years?

(Conviction will not necessarily disqualify an applicant from employment)

If yes please explain on separate piece of paper

## Employment Experience

**START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR RELIGION, NATIONAL ORIGIN, DISABILITIES.**

Employer	Dates From	Employed To	Work Performed
Address			
Telephone Number			
Job Title			
Reason for Leaving			

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Address			
Telephone Number			
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**List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.**

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## Education

SCHOOL	NAME AND ADDRESS OF SCHOOL	YEARS COMPLETED	DEGREE/DIPLOMA DATE
Elementary			
High			
Undergraduate college			
Graduate Professional			
Other (specify)			

**Indicate any foreign languages you can speak, read and/or write**

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

**DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA CURRICULAR ACTIVITIES**


**DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY**


## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that false or misleading information, given in my application or interview(s) may result in discharge or severance of contract. I understand, also that I am required to abide by all policies of Harry's Nurses Registry, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW

YES  NO

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYED

YES  NO DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

HOURLY RATE: \_\_\_\_\_

BY: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_