

# ABSOLUTE CARE NURSING & HOME HEALTHCARE SERVICES

**EMPLOYMENT APPLICATION**  
14034 Bromfield Rd, Germantown, MD. 20874  
Phone: 240-491-4101  
Fax: 204-491-4103

Absolute Care is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, disability, or any other basis prohibited by law.

## Personal Information

Your Legal Name: _____		
Last	First	Middle
List other names used: _____		
Social Security Number: _____		Home Phone: _____
Address: _____		Other Phone: _____
City: _____	State: _____	Zip: _____
E-mail Address: _____		Alternate E-mail Address: _____
Please list all U.S. Cities and States you have lived in for the past seven (7) years: _____		

Are you legally authorized to work in the United States?  Yes  No

Can you, after employment, submit verification of your legal right to work in the United States?  Yes  No  
How did you hear about Absolute Care? \_\_\_\_\_

Have you ever convicted of any felony or misdemeanor (including but not limited to those involving dishonesty, breach of trust, or money laundering) or have you pleaded 'no contest' or agreed to enter into a pre-trial diversion or similar program in connection with such an offense? Do not include minor traffic violations.

Referred by: \_\_\_\_\_

Yes  No If Yes, Describe: \_\_\_\_\_  
County/State: \_\_\_\_\_

Have you previously been interviewed by, or employed at Absolute Care Agency?

<b>Interviewed</b>	<b>Employed</b>	<b>Neither</b>	<b>If Yes, when?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Positions applying for: \_\_\_\_\_ (First Choice) \_\_\_\_\_ (Second Choice)

Are you seeking and available for: Full-time \_\_\_\_\_ Part-time: \_\_\_\_\_ Temporary \_\_\_\_\_

Shift Preferred:  Day  Evening  Night

Date available for work: \_\_\_\_\_

## Professional License Information

**Nursing or paraprofessional registration, certification or licenses held:**

Type: _____		
Expiration Date: _____	Number: _____	State: _____
Type: _____		
Expiration Date: _____	Number: _____	State: _____

Which of these do you have?  TB Test  Drug Screen Test  Background Check  Chest X-Ray/CPR

**Education History**

Please provide information about your Education. Start with the most recent.

Name of School:	
City:	State:
Dates of Attendance: / / to / / (mo/year)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
Major:	Degree:

Name of School:	
City:	State:
Dates of Attendance: / / to / / (mo/year)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
Major:	Degree:

**Professional Experience**

Please start with most recent/current employer first.

Name of Employer:			
Address:			
City:	State:	Zip:	Phone Number for HR Dept.:
Salary: Starting	Ending:	Phone Number for Supervisor:	
Employment Dates: / / to / / (mo/year)			
Responsibilities:			
Reason for Leaving:			

Name of Employer:			
Address:			
City:	State:	Zip:	Phone Number for HR Dept.:
Salary: Starting	Ending:	Phone Number for Supervisor:	
Employment Dates: / / to / / (mo/year)			
Responsibilities:			
Reason for Leaving:			

Name of Employer:			
Address:			
City:	State:	Zip:	Phone Number for HR Dept.:
Salary: Starting	Ending:	Phone Number for Supervisor:	
Employment Dates: / / to / / (mo/year)			
Responsibilities:			
Reason for Leaving:			

**Personal/Professional References**

Please provide information about three people that knows you well and who are willing and available to be contacted.  
Please ensure that information provided is current and correct. (Two Personal and One Professional)

Reference Name:	How long you have known this person? yr.(s) mo.(s)		
Address:			
City:	State:	Zip:	E-Mail Address:
			Phone:
Relationship:			Alternate Phone:

Reference Name:	How long you have known this person? yr.(s) mo.(s)		
Address:			
City:	State:	Zip:	E-Mail Address:
			Phone:
Relationship:			Alternate Phone:

Reference Name:	How long you have known this person?			yr.(s)	mo.(s)
Address:					
City:	State:	Zip:	E-Mail Address:		
			Phone:		
Relationship:			Alternate Phone:		

### Clarification and Acknowledgement

I hereby certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that false or misleading information given in this application and/or in my interview(s) will void this application or subject me to discharge at any time if I am employed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I expressly agree that my prior employer(s) and current employer may be contacted for the purpose of investigating my background, and I understand that information regarding my prior and current employment(s) may be used by Absolute Care in considering this application. I also hereby permit my present and prior employer(s) to disclose to Absolute Care information in their possession or subject to their control, including information contained in my personal file(s). In this regard, I expressly release Absolute Care from any and all liability of whatever kind and nature which, at any time, may result from obtaining and making an employment decision based upon the requested information.

I expressly acknowledge and agree that employment with Absolute Care if offered, is contingent upon my completion, with favorable results, of a pre-employment physical examination, including a drug screening test and background screening which may include but not be limited to consumer reports, address history trace, criminal history, driving record, reference checks, professional license verification, education and previous employment verification.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Background Screening Disclosure and Consent

In connection with my application for employment with Absolute Care Nursing Staff Agency, I understand that investigative inquiries may be obtained on myself by a consumer reporting agency, and that any such report will be used solely for employment-related purposes. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. Please reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I authorize without reservation any party or agency acting on the behalf of Absolute Care Nursing Staff Agency to furnish the above-mentioned information.

I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

Your Legal Name: _____		
Last	First	Middle
List other names used (including maiden names, nicknames):		
Social Security Number:		Home Phone:
Date of Birth*:		Other Phone:
Address:		
City:	State:	Zip:
Please list all U.S. Cities <u>and</u> States you have lived in for the past seven (7) years:		
Signature:		Date: