

PATIENTCARE ADVOCATES

Employment Application

Name: _____

Address: _____

Telephone: _____ Message Phone: _____

Email _____

Are you working now? Yes No Where? _____

Address: _____ Phone _____

When can you start working? _____ Desired salary: _____

Are you at least 18 years old? Yes No Are you at least 21 years old? Yes

No What shifts can you work? Day Evening Nights

What days of the week can you work? M T W Th F Sa Su

How many days a week can you work? _____

Are you legally eligible for employment in U.S.? Yes No

List all professional licenses and/or certifications (e.g., RN, LPN, CNA, Manager, Caregiver)

Are you currently certified in CPR? Yes No Are you currently certified in first aid? Yes No

Have you had a negative TB skin test or chest X-ray within the last 6 months? Yes No

Education

School Name/Address	Number of Years Attended	Date Graduated	Degree Awarded

Person to notify in case of emergency: _____ Relationship: _____

Address: _____ Telephone: _____

Employee Background Information

Name: _____ Date: _____

We require that all prospective employees provide two professional and two personal references (not related to you) who can attest to your character. You must also sign a statement regarding conviction of crimes.

Character References: You can only use people who are not related to you.

1.Name: _____

Address: _____

Phone: _____

2.Name: _____

Address: _____

Phone: _____

3.Name: _____

Address: _____

Phone: _____

4.Name: _____

Address: _____

Phone: _____

Statement on Criminal Activity /Drug Use

I hereby attest that I am not awaiting trial on, nor have I been convicted of: assault, battery, any crime involving violence, abuse, neglect, theft, fraud, extortion, or exploitation. I also attest that I do not illegally use, sale or trade drugs or medicines.

For office use only	
Verified by _____	
Date _____	
Phone ____ Letter ____	
Comments _____	
Verified by _____	
Date _____	
Phone ____ Letter ____	
Comments _____	
Verified by _____	
Date _____	
Phone ____ Letter ____	
Comments _____	
Verified by _____	
Date _____	
Phone ____ Letter ____	
Comments _____	

Signature _____ Date _____

Employment Record:

List your last four employers, beginning with the most recent

Dates To/From	Employer Information	Duties	Salary	Reason for Leaving
	Name: _____ Address: _____ Phone: _____			
	Name: _____ Address: _____ Phone: _____			
	Name: _____ Address: _____ Phone: _____			
	Name: _____ Address: _____ Phone: _____			

We are an equal opportunity employer. No discrimination is made against any individual during employment or any portion of the hiring process.

PLEASE READ CAREFULLY

The information I have given on this application is complete, true and accurate. I understand that any false statement, omission or misinformation, may be cause for immediate termination should I be hired. I give permission for you to investigate my personal history, reference and employment history. I understand that nothing in Patient Care Advocate's Handbook or elsewhere constitutes a contract between me and patient Care Advocates. I understand that I am an at will employee, and that I may be terminated at any time for any reason whatsoever, totally within discretion of Patient Care Advocates.

Signature _____ Date _____