HRS HEALTHCARE RESOURCES
S T A F F I N G

Application for Employment

PERSONAL DATA - If you have lived at current address less than one year, list previous address.	Today's Date

Name, Last	First	Middle

Soc. Sec. #	Telephone #	Message #

Street Address	City	County	State	Zip

Previous Address: Street	City	County	State	Zip

EDUCATION

Date	School, Location	Degree/Diploma	Course of Study
Date	School, Location	Degree/Diploma	Course of Study
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SPECIAL LICENSES, CERTIFICATIONS OR REGISTRATION

License/Certification Type	License/Certification No.	State	Expiration Date
License/Certification Type	License/Certification No.	State	Expiration Date

CPR Expiration Date	Last Physical Exam Date	Lab TB/Chest X-Ray Date

GENERAL INFORMATION

Are you legally authorized to work in the USA ❑ Yes ❑ No
(If you became an employee of Healthcare Resources Staffing, you will be required to provided documentation proving your eligibility to work in the USA)

Have you every been convicted of a felony or misdemeanor crime? ❑ Yes ❑ No
(This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.)
A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since its occurrence and any rehabilitation you have undergone. *If yes, state the basis for each conviction and the date of the conviction:*
_____

Are you able to perform the tasks according to the job description without accommodation? ❑ Yes ❑ No

If an accommodation is needed, how would perform the task and with what accommodation?_____

How did you hear about Healthcare Resources Staffing? ❑ Newspaper ❑ Job Fair/Open House ❑ Employment Agency

❑ Healthcare Resources
   Staffing employee (name) _____ ❑ Work location _____

In case of emergency, notify:

_____ Telephone#_____ Relationship _____

Address _____

WORK EXPERIENCE - Please complete all appropriate items, even if you have already provided us with a resume.

Company Name (Present or most recent employer)	Employment Dates From Mo____Yr____ To Mo____Yr____

Company Address	Title	Salary Hourly $ Annually $

Describe your most recent job duties and accomplishments:

Name of Current Supervisor	Telephone #	May we Contact? ❐ Yes ❐ No If not, why not? _____

Explain reason for leaving	Are your employment records listed under another name? ❐ No ❐ Yes If yes, what name? _____

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Please list any other work related information you think would be helpful to us in considering you for employment, such as foreign language competency, additional work experience, volunteer work, activities, accomplishments, publications, patents, thesis, etc.

REFERENCES - Please list three individuals with whom you have worked who were in a position to evaluate your performance.

Name	Company	Title	Phone #
Name	Company	Title	Phone #
Name	Company	Title	Phone #

Healthcare Resources Staffing is an Equal Opportunity Employer