



ADVANCED NURSING CARE

"A HOME CARE SERVICE PROVIDER AND STAFFING AGENCY FOR RNs, LPNs, CNAs, LNAs, HHAs, LIVE-INS, COMPANION, ONE ON ONE, DIRECT CARE STAFF, HOMECARE, RESPITE, AND HOSPICE CARE."

APPLICATION FOR EMPLOYMENT

Please provide complete applicable data. Save after you fill out and attach to the employment form on this website.

Position(s) applied for: Date of application:

Name (Last, First, Middle) :

Address (Street Name, Apt. Number) :

City: State: Zip Code:

Home Phone: Cell phone:

SS Number: - -

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain:

Have you ever been employed here before?

Are you legally eligible to be employed in U.S.?

Date of available for work:

Type of employment desired: Full-Time Part-Time hrs Per Diem hrs

For which shifts are you applying?

Field Position. Do you have a car for work? Driver's License No:

How were you referred to Advanced Nursing Care?

Have you ever plead "guilty" or "no contest" to, or been convicted of a felony? Yes No

If yes, provide date(s) and details

Advanced Nursing Care will perform a CORI check on all applicants.

Incase of emergency, notify: Relationship:

Home Phone #: Work Phone #:

Advanced Nursing Care is an equal opportunity employer. All applicants and employees are considered for employment, advancement, development, and earning based upon their skills performance and potential. No current or perspective employee is discriminated against because of race, creed, color, sex, age, national origin, handicap, or military status.

SKILLS AND QUALIFICATIONS

Summarize any training skills, licences and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EMPLOYMENT HISTORY

Provide the following information of at least (3) employers, assignments, or volunteer activities, starting with the most recent. Give the complete addresses, telephone number, and full name of supervisors.

Employer1: From: To:
Address : Telephone :
City: State: Zip Code:
Job Title : Final Salary:
Supervisor:
Reason for Leaving:

Employer2: From: To:
Address : Telephone :
City: State: Zip Code:
Job Title : Final Salary:
Supervisor:
Reason for Leaving:

Employer3: From: To:
Address : Telephone :
City: State: Zip Code:
Job Title : Final Salary:
Supervisor:
Reason for Leaving:

May we contact these employers for reference? Yes Yes Later

EDUCATIONAL BACKGROUND

Name of School and Location	Year Completed	Course of Study	Graduated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL REFERENCES

Name	Title	Relationship	Telephone	# of Years Known

Please feel free to include any other information you think would be helpful to us in considering your application for employment, such as additional work experience, accomplishments, etc.

Write down hobbies, talents, and other skills:

PROFESSIONAL LICENSES AND CERTIFICATIONS

License or Certification	Number	Expiration Date	State

Did you serve in the MILITARY SERVICE?

Yes

No

If yes, complete the data below.

Branch of Service:

From:

To:

Highest Rank Achieved:

Are you in a reserve unit?

Special schooling or duties:

STATEMENT OF ACCURACY AND RELEASE

I certify that any omission or any misleading or untrue statement or answer in this application may jeopardize my employment opportunities with Advanced Nursing Care and may also result in my termination, if employed.

I authorized Advanced Nursing Care to investigate all the references and to secure information about me from any other person, company or organization without liability in such person, company or organization or Advanced Nursing Care.

I understand that if any offer of employment is made, it will be conditioned upon passing a pre-employment physical indicating that I can perform all essential job functions without reasonable accommodations.

Name and Signature of Applicant

Date:



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1049 LAKEVIEW AVE, SUITE # 6
 DRACUT, MA 01826 617 642 2941 (24/7 On-Call Phone)

978 - 957 - 3223 PHONE
 978 - 957 - 4111 FAX

APPLICANT REFERENCE CHECK

To (Former Employer): Title:

From: Anna Crandall - Home Care Manager

The following person has applied for a position in our firm and has given you as a former employer. Your evaluation would be sincerely appreciated and considered strictly confidential. Please respond promptly as employment is pending receipt of reference. Thank You.

Advanced Nursing Care
(Prospective employer)

Applicant's Name: SSN:

Position Applied For:

Position while in your Employ:

Employment Dates: From: To: Salary:

Reason For Leaving:

Would you rehire? If "NO", why?

Other Remarks:

	Excellent	Very Good	Good	Average	Poor	Comments
Quality of Work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Conscientiousness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attitude	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attendance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cooperation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Appearance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Flexibility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Conduct	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date: Former Employer: Title:

I hereby authorize the above firm to check my references and authorize my former employer to provide information about my work, skills, habits, and character.

Date: Applicants Name and Signature: