

Beyondcare Nursing Services
8903 mayflower rd. Rosedale, MD, 21237

EMPLOYMENT APPLICATION

Please complete the entire application

It is the Policy of Beyondcare Nursing Services to provide equal employment opportunity to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age disability or veteran status

1. Application information

Applicant Full Names: _____			
_____	_____	_____	_____
	Last	Middle	First
Home Address: _____			
<i>Street number City/State/Zip code</i>			
Number of years at the address: _____		Phone Number: _____	
Social Security Number: _____			
Driver's License Number: _____			State (_____)
Position applying for _____		Salary desired _____	
Employment desire: Full Time _____ Part Time _____ As needed _____ Contract _____ Other _____			
Who referred you to our company? _____			
Do you have relatives who works here? Ife yes please list here _____			

2. Emergency contact

Who should be contacted if you are involved in an emergency?	
Contact name: _____	Relationship to you: _____
Address: _____	
_____	_____
Street Name	City/State/ Zip code
Daytime phone: _____	Evening Phone: _____

1. Have you applied to our company previously? _____ Yes _____ No If yes, when? _____
2. Are you at least 18 years old? _____ Yes _____ No
3. How will you get to work? _____
4. Are you willing to work any shift, including night and weekends? _____ Yes _____ No
If no, please state any limitations: _____
5. Are you willing to work weekends and holidays? _____ Yes _____ No
6. If you are offered employment, when would you be available to begin work?
7. if hired, are you able to submit proof that you are legally eligible for employment in the United states? _____ Yes _____ No

8. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____ Yes _____ No
 What reasonable accommodation, if any, would you request

9. Have you ever been convicted of a crime? Yes _____ No _____
 If yes, explain number of convictions, nature of offense leading to conviction

Date of conviction: _____(city), _____(state) _____

THE EXISTENCE OF A CRIMANAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPOLYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT

10. Applicants education and training

Type of School	Name of School and address	Location	Number of years completed	Major & degree Graduated Yes/ No
High School				
College				
Business or trade school				
Professional school				
Technical/Vocational training				

Professional Licenses and Certifications _____
 Awards, Honors, Special Achievements: _____ Military Service: Yes _____ No _____
 Branch: _____ Specialized Training: _____

Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skills	Years of Experience	Ability or Rating
_____	_____	_____ 1 2 3 4 5
_____	_____	_____ 1 2 3 4 5

11. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self -employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continues on the back of this application.

Employer Name	Supervisor Name	Dates of employment (MM/Y)	Salary
Address		From To	Start Final
City/State/Zip code	Job title		
Phone number			
Reason for leaving (Be specific)			
Employer Name	Supervisor Name	Dates of employment (MM/Y)	Salary
Address		From To	Start Final
City/State/Zip code	Job title		
Phone number			
Reason for leaving (Be specific)			
Employer Name	Supervisor Name	Dates of employment (MM/Y)	Salary
Address		From To	Start Final
City/State/Zip code	Job title		
Phone number			
Reason for leaving (Be specific)			
Employer Name	Supervisor Name	Dates of employment (MM/Y)	Salary
Address		From To	Start Final
City/State/Zip code	Job title		
Phone number			
Reason for leaving (Be specific)			

May we contact your employer? Yes ___ No ___

12. References

List any two non -relatives who would be willing to provide a reference for you

Name: _____
Address: _____
City/State/Zip code: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip code: _____
Telephone: _____
Relationship: _____

13. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination

I authorize Beyondcare Nursing Services to contact former employer and educational organization regarding my employment and education. I authorize my former employer and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated references to fully and freely communicate information regarding my previous employment and education

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS

APPLICANT SIGNATURE

DATE