



Love Conquers Nursing Care

Application for Employment

RN LPN CNA HHA PT/OT MSW

Transportation Other _____

PERSONAL DATA - If you have lived at current address less than one year, list previous address.				Today's Date	
Name, Last		First		Middle	
Social Security Number		Home Telephone Number		Alternate Telephone Number	
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
Date	School, Location	Degree/Diploma	Course of Study

SPECIAL LICENSES, CERTIFICATIONS OR REGISTRATION

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

All personnel shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, age, disability, sex, marital status, liability for service in the armed forces of the United States, citizenship, or any other characteristic protected by law.

Are you legally authorized to work in the USA Yes No (Proof of documentation will be required for eligibility to work in USA)

Have you ever been convicted of a felony or misdemeanor crime? Yes No *If yes, state the basis for conviction and the date(s):*

How did you hear about Love Conquers Nursing Care? Walk-in Online Other _____

Would you accept a short-term live-in assignment? (CNA/HHA Only) Yes No Long term? Yes No

First day available for work _____ Amount of work wanted per week _____

EXPERIENCE (Please check areas of experience and skills with 3 years in the appropriate blocks. Do not include school experiences.)

Central Line <input type="checkbox"/>	Home Health <input type="checkbox"/>	Bed Bath <input type="checkbox"/>	Range of Motion <input type="checkbox"/>
Peripheral Line <input type="checkbox"/>	Emergency Room <input type="checkbox"/>	Feeding <input type="checkbox"/>	Wound Care <input type="checkbox"/>
NG/NJ Tube <input type="checkbox"/>	Medical Surgical <input type="checkbox"/>	Transfer <input type="checkbox"/>	Orthopedics <input type="checkbox"/>
Peg Tube <input type="checkbox"/>	Rehabilitation <input type="checkbox"/>	IV Therapy <input type="checkbox"/>	Postmortem <input type="checkbox"/>
TPN <input type="checkbox"/>	Ostomy Care <input type="checkbox"/>	ICU <input type="checkbox"/>	Counseling <input type="checkbox"/>
Ventilator <input type="checkbox"/>	Catheter Care <input type="checkbox"/>	Hospice <input type="checkbox"/>	Coordinating <input type="checkbox"/>
Telemetry <input type="checkbox"/>	Respite Care <input type="checkbox"/>	Geriatrics <input type="checkbox"/>	Private Duty <input type="checkbox"/>
Infusion Pumps <input type="checkbox"/>	Intake & Output <input type="checkbox"/>	Other <input type="checkbox"/>	Blood Pressure <input type="checkbox"/>

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: Month ____ Year ____ To: Month ____ Year ____	
Company Address	Title	Salary Hourly \$ ____ Annually \$ ____	
Describe your most recent job duties: _____			
Name of Current Supervisor	Telephone Number	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not?	
Explain reason for leaving	Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?		
<hr/>			
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Company Address	Title	Salary Hourly \$ ____ Annually \$ ____	
Describe your most recent job duties: _____			
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Explain reason for leaving	Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?		
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REFERENCES - Please list three individuals who are employed in a position to evaluate your performance of work.			
Name	Company	Title	Phone Number
Name	Company	Title	Phone Number
Name	Company	Title	Phone Number
ACKNOWLEDGMENT - Please read carefully and sign. In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are honest and accurate. I also understand that the omission, concealment, or misrepresentation of any questions on this application for employment may jeopardize my chances for employment and cause an immediate dismissal from employment. I give permission to Love Conquers Nursing Care to use any information in this application to verify the contained information in this application. I authorize present and former employers, educational institutions, references, and any other persons to answer all questions asked by a representative of Love Conquers Nursing Care regard to any of the subjects covered in the application. I am willing to submit to a physical examination, including the analysis for detection of the use of unlawful drugs or substances in accordance with applicable laws.			
Applicant Signature _____			Date _____

Love Conquers Nursing Care is an Equal Opportunity Employer