

Personal Data

Name (First, Middle, Last)

Maiden Name

Social Security No.

Address (Street No., City, State, Postal Code, cellphone, landline, Email Address)

Position Applying For

Other Positions You May Be Interested In

Fee Requirements

Hours Desired

- 40/Wk
- < 40/Wk
- PRN
- Any

Shifts Available

- Days
- Evenings
- Nights
- Any

Days Available

- Sun Th
- Mon Fr
- Tue Sat
- Wed

Preferred locations/site(hospitals, nursing homes, clinics, etc) of interest to work , Make a list. (City, State)

Professional Licensure

Type	Number	Type	Type
Expiration	Current States	Expiration	Current States

Applicant Declaration

Are you 18 or older?

- Yes No

Are you eligible to work in the United States legally?

- Yes No

Have you ever been convicted, pled guilty or no contest to a crime? This includes misdemeanors (except parking violations), gross misdemeanors and felonies. A conviction, guilty plea or no contest will not necessarily disqualify you for employment consideration.

- Yes No If yes, gives dates and explanation (where, when, etc): _____

Have you ever been excluded from the Medicare or Medicaid program for conduct that would constitute a misdemeanor, gross misdemeanor or a felony under the law? Yes No.

If yes, please explain: _____

Have you ever been disciplined by professional or state ethics or licensing board? Yes No

If yes, please explain: _____

How did you find out about our company, positions? _____

Did anybody refer you to our company? Yes No. If yes, who? _____

Educational Information

High School			Diploma Program, Commercial or Technical		
Address			Address		
City	State	Postal Code	City	State	Postal Code
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree
College or University			Graduate School		
Address			Address		
City			City		
Country			Country		
Major			Major		
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree

Employment History

1. Employer (Most Recent)				2. Employer			
Address				Address			
City/State/Postal Code				City/State/Postal Code			
Supervisor Name/Phone No.				Supervisor Name/Phone No.			
Start Date		End Date		Start Date		End Date	
Position		Average Hours Per Week		Position		Average Hours Per Week	
Starting Salary		Ending Salary		Starting Salary		Ending Salary	
Reason For Leaving				Reason For Leaving			
3. Employer				4. Employer			
Address				Address			
City/State/Postal Code				City/State/Postal Code			
Supervisor Name/Phone No				Supervisor Name/Phone No			
Start Date		End Date		Start Date		End Date	
Position		Average Hours Per Week		Position		Average Hours Per Week	
Starting Salary		Ending Salary		Starting Salary		Ending Salary	
Reason For Leaving				Reason For Leaving			

Equal Opportunity Questionnaire

What Racial/Ethnic Category Do You Consider Yourself

- American Indian or Alaskan Native All persons having origins in any of the original people of North America.
- Asian or Pacific Islander All persons having origins in any of the original people of East, Southeast Asia, the Pacific Islands or Indian subcontinent. This area includes for example China, Japan, The Philippines Island, and Samoa.
- Caucasian
- Black Not of Hispanic Origin. All persons having origins in any of the Black racial groups.
- Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin.

Veteran

Did you serve active duty in the armed services Yes No

Disabled Veteran

Are you entitled to disability compensation under laws administered by the Veterans Administration for disability rates at 30% or more, or are you a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Yes No If yes, list disability _____

Handicapped

Do you (1) have a physical or mental impairment which substantially limits one or more major life activities, (2) have a secure record of such impairment, (3) are regarded as having such an impairment, or (4) have experienced difficulty, retaining or advancement in employment because of your handicapped? Yes No

Our company is committed to respectful and equal treatment for all staff members. This commitment includes non-discrimination towards applicants and staff on the grounds of race, color, creed, religion, age, sex, disability, national origin, ancestry, marital status, or with regard to public assistance, or union or non-union status. This prevails throughout the contract relationship, including, but not limited to recruitment, selection, training, transfer, compensation, promotion, demotion, layoff and termination.

Work Related References (No family members, relatives, or personal friends)

Most Recent Supervisor Name	Reference One
Company	Company
Telephone Number	Telephone Number
Position You Held	How Do You Know This Person?
May We Contact This Person For A Reference <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference Two	Reference Three
Company	Company
Telephone Number	Telephone Number
How Do You Know This Person?	How Do You Know This Person?

Applicant Release, Please read and sign below

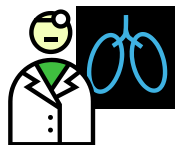
I authorize the investigation of my background including all information contained in this application and information provided in the interview. I understand that misrepresentation or omission of information in connection with my application and interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered. I understand and agree that any offer of contract is contingent upon satisfactory completion of Pulmonary Critical Care Solutions, LLC (PCCS) pre-employment investigation which includes but is not limited to health assessment, criminal history check, educational and work verification, reference checks, consumer report and any investigation required by local, state, or federal laws. I understand that if I am contracted by PCCS, my contract will be for an indefinite period of time and will be "at will" which means that either PCCS or I may terminate the contract relationship at anytime and for any reason or no reason.

I further understand that, if contracted, my at-will contract status may only be changed in written contract signed by the management of PCCS, and that no representative of PCCS has the authority to make oral promise to me concerning my contract. Finally, I also understand that PCCS may adopt, from time to time, policies or handbooks dealing with benefits and other terms or conditions of contract. These policies or handbooks do not constitute a contract between PCCS and me. PCCS reserves the right to change or discontinue these policies and/or handbooks at any time with or without notice to me.

PCCS strives to provide a safe, healthy and productive work environment and supports a smoke free, alcohol-free work environment among its clients.

Signature of Applicant _____

Date _____



**Pulmonary
Critical Care
Solutions staffing**

