



RN	_____	LPN	_____
SPL	_____	PT	_____
PTA	_____	OT	_____
COTA	_____	OTHER	_____

**Personal Information**

Name		Date
Social Security #		Date of Birth
Present Address		
City	State	Zip
Home Phone ( )		Other Phone ( )
Has your license or certification ever been under investigation?		Yes No
CPR Expiration	Date of Last Physical Exam	Date of Last TB
Have you been convicted of a felony or a misdemeanor within the last 5 years?		Yes No
If yes, please describe		
Are you eligible to work in the United States?		Yes No
Drivers License #	State	
Name of person to be notified in case of an emergency		Phone ( )

**Additional Information**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?	
Yes	No
If yes, what can be done to accommodate your limitation	

**Licensure and Certifications**

PPD Test	Date Given	Date Read	Induration	Negative	Positive
Step 1					
Step 2					
Chest X-Ray	Date	Results (Results must be attached)			

**Employment Desired**

Position	Date available for work	Salary Desired
Are you currently employed?	If so, may we contact your present employer?	
By whom were you referred to us?		

**Education**

Name	Location	Graduated (Y/N)	Degree

**Personal References**

<b>Name</b>	<b>Name</b>
<b>Address</b>	<b>Address</b>
<b>Phone ( )</b>	<b>Phone ( )</b>

**Employment Experience**

<b>Employer</b>	<b>Address</b>
<b>Position</b>	<b>From To</b>
<b>Supervisor</b>	<b>Phone</b>
<b>Reason for leaving?</b>	<b>May we contact your supervisor? YES NO</b>

<b>Employer</b>	<b>Address</b>
<b>Position</b>	<b>From To</b>
<b>Supervisor</b>	<b>Phone</b>
<b>Reason for leaving?</b>	<b>May we contact your supervisor? YES NO</b>

<b>Employer</b>	<b>Address</b>
<b>Position</b>	<b>From To</b>
<b>Supervisor</b>	<b>Phone</b>
<b>Reason for leaving?</b>	<b>May we contact your supervisor? YES NO</b>

**Experience**

Area	Experience in last 3 years	Area	Experience in last 3 years	Area	Experience in last 3 years	Area	Experience in last 3 years
Alcohol Detox		Labor & delivery		Oncology		Psychiatric	
Burns		Medical Floor		Operating Room		Rehabilitation Care	
Cardiac Care		Medications		Orthopedics		Surgical Floor	
Doctor's Office		Neurological		OB/GYN		Urology	
Home Healthcare		Nursery		Pediatrics		Private Duty	
Intensive Care		Nursing Home					

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary be terminated at any time without prior notice. I understand that I am not to transport patients in my automobile, nor am I to drive patients in the patient's automobile without written consent from the Access Therapies Office.

I agree, I will not seek or accept employment, either directly or indirectly in any capacity from any client of Access Therapies to whom I have been assigned for at least 90 days after the last day of that assignment. I further understand that I cannot be paid until I present a time slip signed by both the client and me to the Access Therapies office.

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_