
WORK HISTORY

Previous Employer: _____ Previous Supervisor: _____

Complete Address: _____

Telephone Number: _____ Employed: From _____ To _____

Hourly Salary: \$ _____ May we contact this supervisor? Yes No

Job Title _____ Duties/Skills Used _____

Reason for Leaving: _____

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EDUCATION

	School Name, City and State	Years Completed	Diploma/ Degree	Date Graduated
High School				
College				
Graduate School				
Other				

Additional Education-Trade or Business School

School Name	Courses Completed	Years Completed	Certificate Earned	Date Graduated

Professional Licenses

License Type	License Number	Initial Date Issued	Current Date of Expiration

GENERAL

Have you previously been employed by this Agency? Yes No

If yes, when: _____ Position: _____

Have you previously applied for a position with this Agency? Yes No

If yes, when: _____ Position: _____

Have you ever been convicted of a crime? Yes No If yes, please explain:

(A conviction in itself does not necessarily bar employment)

REFERENCES

Name	Relationship	Employer	Years Known	Contact Number

Children's Nursing Specialties, Inc. is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability and/or any other legally protected status.

ACKNOWLEDGEMENT

I hereby certify that this application contains no misrepresentation or falsification and that the information given by me is true and correct to the best of my knowledge. I understand and agree that any misrepresentation or falsification of this information may result in immediate termination.

I understand that, if employed, my employment shall be at-will and may be terminated at any time with or without cause and with or without notice by the Organization or myself. I understand that no Organization policy, guideline, employee guide or any other writing shall create any binding obligation on the part of the Agency, and no commitment for employment shall be binding on the Organization unless made in writing and signed by a representative of the Organization and myself.

If I am accepted for employment with Children's Nursing Specialties, Inc, I agree to abide by its Policies and Procedures and to report to my supervisor any and all job related injuries and illnesses within twenty-four (24) hours of their occurrence, regardless of severity. This Organization subscribes to Workers Compensation Insurance and failure to report any injury with-in twenty-four (24) hours may cause this Organization not to make any voluntary payments of claims arising from the injury.

Signature

Date

DISCLOSURE

Please be advised that as an applicant for employment, the Organization may procure, evaluate and use reports from consumer reporting agencies to determine whether to hire you. These reports include, but are not limited to, information on your motor vehicle record, earning history, credit history, education, character, criminal record (if any), employment records, accident report, reason for termination, attendance, work performance, compatibility with coworkers or any other information pertinent to your ability to perform satisfactorily in any positions for which the Organization may consider you. If the Organization should deny employment based upon information obtained from a consumer reporting agency, you will be informed consistent with the Fair Credit Reporting Act.

I hereby authorize any prior employers to provide such information covering my employment with them as may be requested and authorize the registrar/placement office of all educational institutions attended to release an official copy of my transcripts and, if applicable, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I fully understand that this employer will obtain a background investigation and sanctions check, including a review of any criminal conviction records. I give my permission for such a check, and understand that if hired, my employment will be on a temporary/probationary basis until results from the background investigation are received.

Signature

Date



EMPLOYMENT REFERENCE RELEASE FORM

_____ has applied for employment with Children Nursing Specialties, Inc. We would appreciate your assistance with an employment reference check. The applicant has signed below, granting authorization to release information to our Organization verifying past/present employment.

Thank you for your assistance,

I grant Children's Nursing Specialties, Inc. authorization to collect information relating to my employment history and job performance.

Employee Signature

Date

Social Security Number