

# RELIANCE ON CALL

•Professional HealthCare Staffing Services

P.O. Box-6810, Champaign, IL 61826-6810 • (217) 398-2110 • Fax: (217) 398-0024

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

RN  LPN  CNA

## APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*

We do not discriminate on the basis of race, color religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if do not have enough room on this application. PLEASE PRINT OR TYPE, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

*THIS FORM IS A PROFESSIONAL DOCUMENT IT MUST BE COMPLETE, TRUE, AND ACCURATE. FALSIFICATION OF PROFESSIONAL DOCUMENTS BY OMISSION OR FALSE STATEMENTS IS AN OFFENSE REPORTABLE TO THE STATE BOARD(S).*

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

Emergency Contact (list information of nearest relative not living with you for emergency notification):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Education	Name and Location of School	Degree / Diploma	Graduation (Mo/Yr)
Nursing			
College or University			
High School Diploma/GED			
Other			

### LICENSURE (please include copies of all state licenses held)

State: \_\_\_\_\_ License#: \_\_\_\_\_ State: \_\_\_\_\_ License#: \_\_\_\_\_ State: \_\_\_\_\_ License#: \_\_\_\_\_

Can you, upon employment, submit verification of your legal right to work in the United States?  Yes  No

Has your license ever been under investigation? Yes No If yes, give details \_\_\_\_\_

Have you ever had disciplinary action taken against any of your state license?  Yes  No If yes, give details: \_\_\_\_\_

Have you ever been named as a defendant in a malpractice claim?  Yes  No

Have you ever been convicted of any law violation (except a minor traffic violation)?  Yes  No If yes, give details \_\_\_\_\_

Have you ever been rejected for a fidelity bond within the last 10 years?  Yes  No If yes, give details: \_\_\_\_\_

What month and year did you pass U.S. nursing boards/registration exams? \_\_\_\_\_

- |  |   |  |  |
|--|---|--|--|
| <b>FOR OFFICE USE ONLY:</b>                          | <input type="checkbox"/> ACLS and/or PALS                   | <input type="checkbox"/> Auto Insurance            | <input type="checkbox"/> Signed Contract (if required) |
| <input type="checkbox"/> Copy of license certificate | <input type="checkbox"/> Job description - signed and dated | <input type="checkbox"/> Signed reference letters  | <input type="checkbox"/> Copy of driver's license      |
| <input type="checkbox"/> Copy of CPR card            | <input type="checkbox"/> Conditions of employment           | <input type="checkbox"/> Physical                  | <input type="checkbox"/> Copy of Diploma/GED           |
| <input type="checkbox"/> Experience/skills inventory | <input type="checkbox"/> State Registry verified            | <input type="checkbox"/> TB test                   | <input type="checkbox"/> W-4 and Illinois W-4          |
| <input type="checkbox"/> Criminal background check   | <input type="checkbox"/> SS Card or Birth Certificate       | <input type="checkbox"/> Hepatitis B documentation | <input type="checkbox"/> 1-9                           |

## WORK HISTORY – HOSPITAL ONLY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time from receipt of your RN license. Use additional sheets as necessary. Do not omit any RN position.

Explain any periods of unemployment/breaks.

**PLEASE GIVE MONTH AND YEAR and include any other agencies or temporary help employers for which you have worked.**

*If necessary, continue employment experience on the additional employment history sheet and enclose.*

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Dates of Employment (mo/day/yr): \_\_\_\_\_ to \_\_\_\_\_ Hospital: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Teaching  Non Teaching N/P. Ratio: \_\_\_\_\_ Number of Beds in Unit: \_\_\_\_\_ In Hospital: \_\_\_\_\_ Shift \_\_\_\_\_ Charge Experience  Yes  No

Rate of Pay: \_\_\_\_\_ Through Agency?  Yes  No Reason for leaving: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

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Dates of Employment (mo/day/yr): \_\_\_\_\_ to \_\_\_\_\_ Hospital: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Teaching  Non Teaching N/P. Ratio: \_\_\_\_\_ Number of Beds in Unit: \_\_\_\_\_ In Hospital: \_\_\_\_\_ Shift \_\_\_\_\_ Charge Experience  Yes  No

Rate of Pay: \_\_\_\_\_ Through Agency?  Yes  No Reason for leaving: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

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Dates of Employment (mo/day/yr): \_\_\_\_\_ to \_\_\_\_\_ Hospital: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Teaching  Non Teaching N/P. Ratio: \_\_\_\_\_ Number of Beds in Unit: \_\_\_\_\_ In Hospital: \_\_\_\_\_ Shift \_\_\_\_\_ Charge Experience  Yes  No

Rate of Pay: \_\_\_\_\_ Through Agency?  Yes  No Reason for leaving: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

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Dates of Employment (mo/day/yr): \_\_\_\_\_ to \_\_\_\_\_ Hospital: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Teaching  Non Teaching N/P. Ratio: \_\_\_\_\_ Number of Beds in Unit: \_\_\_\_\_ In Hospital: \_\_\_\_\_ Shift \_\_\_\_\_ Charge Experience  Yes  No

Rate of Pay: \_\_\_\_\_ Through Agency?  Yes  No Reason for leaving: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

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Dates of Employment (mo/day/yr): \_\_\_\_\_ to \_\_\_\_\_ Hospital: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Teaching  Non Teaching N/P. Ratio: \_\_\_\_\_ Number of Beds in Unit: \_\_\_\_\_ In Hospital: \_\_\_\_\_ Shift \_\_\_\_\_ Charge Experience  Yes  No

Rate of Pay: \_\_\_\_\_ Through Agency?  Yes  No Reason for leaving: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

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## WORK HISTORY – Non-Hospital

**Please document all other experience you have that is non-hospital (nursing home, doctor's office, etc.)  
Indicate month and year worked.**

Name of the Employer:	Supervisor:	
Address:	Employed: From (mo/yr)	To (mo/yr)
City, State, Zip Code:	Pay: Start \$	Final \$
Telephone Number:	Reason for Leaving:	
Title:		

Duties:

Name of the Employer:	Supervisor:	
Address:	Employed: From (mo/yr)	To (mo/yr)
City, State, Zip Code:	Pay: Start \$	Final \$
Telephone Number:	Reason for Leaving:	
Title:		

Duties:

Name of the Employer:	Supervisor:	
Address:	Employed: From (mo/yr)	To (mo/yr)
City, State, Zip Code:	Pay: Start \$	Final \$
Telephone Number:	Reason for Leaving:	
Title:		

Duties:

Name of the Employer:	Supervisor:	
Address:	Employed: From (mo/yr)	To (mo/yr)
City, State, Zip Code:	Pay: Start \$	Final \$
Telephone Number:	Reason for Leaving:	
Title:		

Duties:

**COURSES COMPLETED**

List course/expiration date:

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Do you have certificates or written documentation, if any, on the above?  Yes  No (please include copies with application)

List professional, trade, business or civic activities and offices held.

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List three (3) personal references (*not relatives*) including their addresses and phone numbers:

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**AFFIDAVIT**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all the information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I understand that the employer will run a criminal background check in accordance with current law.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying..

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_