



5585 Barbara Drive, Mechanicsburg, PA, 17050
O: 717-512-4417 C: 717-379-1964

hsestaffing@gmail.com, hsetimeslip@gmail.com

Name and Address of School -----

Select Last

Year completed

Did you graduate?

Type of Degree or Certificate Received

Grade Point Average

Major Course of Study and Your Name While Attending

High School

Technical

Vocational

Business or Military Training

College or University

Graduate School

OFFICE SKILLS

Check those with which you have experience:

Word Excel E-mail Medical Terminology Medical Transcription

List any special skills or qualifications, which you feel, are relevant to the job for which you are applying:

PROFESSIONAL LICENSES and/or CERTIFICATIONS

License/Registration # _____ State Issued _____ Profession

Date Issued _____ Expiration Date _____

Any Restrictions on your License Yes ___ No ___ If yes, explain

CPR Certified? Yes No Other Certifications? Yes No

ACLS Certified? Yes No Please list

Are you currently on the Nursing Assistant Registry? Yes No

MILITARY/Armed Forces? Yes No _____

If hired, you will be required to provide documentation verifying citizenship or eligibility to work in the U.S.

Please list, sequentially, all the names by which you have been known

Are you 18 years or older? Yes ___ No ___

Have you ever been dismissed, or asked to resign from any position? Yes ___ No ___

Have you ever been convicted of or pleaded guilty to a crime (felony, misdemeanor or other criminal offense, including a civil forfeiture), or are any other criminal charges pending against you? Yes ___ No ___

If yes for what, when and where?



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Conviction of a criminal offense will not necessarily preclude your employment.
Have you ever been excluded from providing services to Medicare or Medicaid patients/clients?

Yes___No___If yes, for how long and when, if ever, were you reinstated?

EMPLOYMENT RECORD

(List last or present position first)

1. Present and Former Employers Dates

Employed

Salary

Range

Position & Duties

Name of Present or Last Employer

Address

From Starting

City/State/Zip Your name when working there

Supervisor Phone

Start date

Ending date

Reason for Leaving

2. Name

Address

Starting

City/State/Zip Your name when working there

Supervisor Phone

Starting date

Ending date

Reason for Leaving

3. Name

Address

From Starting

City/State/Zip Your name when working there

Supervisor Phone

Starting date

Ending date

Reason for Leaving

4. Name

Address

From Starting

City/State/Zip Your name when working there

Supervisor Phone



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Starting date _____ Ending date _____
Reason for Leaving REFERENCES _____
Are you Employed Now? Yes No May We Communicate With Your Present Employer?
Yes No
List two professional references (no relatives) we may contact.
Name Address City, State, Zip Phone

Name Address City, State, Zip Phone _____
Names of friends or relatives employed by this Facility:
Name _____ Relationship _____

EMPLOYMENT UNDERSTANDING

Please read the following statements carefully before you initial each paragraph and sign your name.

“I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby voluntarily authorize this Agency (**HSE**) to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. Further, I release from all liability or responsibility all persons, companies or corporations supplying such information. I voluntarily grant this release to support my application for employment at **HSE Staffing Agency LLC** and agree to inform the Agency of any special concerns I may have related to information, which may be discovered during this investigation in the space below. I further understand that all information and documents acquired by **HSE Staffing Agency LLC** will be maintained as confidential by the Agency, and that the Agency will not release such information to me. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this Agency. I have read, understand and agree to the above statement.

(Please initial here). _____

I further understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that no representative of the Agency has the authority to enter into any agreement for employment for any specified period of time and that this Agency is not guaranteeing employment for anyone.

I have read, understand and agree to the above statement.

(Please initial here). _____

If employed, I agree to abide by all of the work and safety rules of the Agency. If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment. I agree to any and all pre-placement assessment(s) as may be deemed necessary by **HSE**



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Staffing Agency LLC, and further understand that my employment is contingent upon my completion of the Agency pre-placement assessment. I understand that this Agency is committed to maintaining a drug-free workplace. I am aware that the Agency may require a drug test as a part of the hiring process. Also, if employed, I realize that the Facility may conduct post-accident and reasonable suspicion drug and/or alcohol testing of its employees. I have read, understand and agree to the above statement.

” (Please initial here). _____

I understand that I hold a title of a temporary employee of HSE Staffing Agency, as a/an RN___ RT___ LPN___ CNA___ which mean there is no guarantee hours as this is a temporary staffing agency. Employee is provided with the facilities needs and can choose what days they can and cannot work, work will be offer to employee when work is available and employee choose to schedule self. (Please initial here). _____

Employee is aware that facility will request certain employees and continue using them as needed as long as they meet the facility needs. (Please initial here). _____

Employee understand that if call off occurs twice in one-month period this can be ground of termination per employment contract also may cause lack of work as the facility may temporary offer schedule to other employees who have perfect attendance, provide work that meets the facility standers. (Please initial here). _____

Employee is aware this is a temporary agency only offer temporary work as needed by the facilities, employee is free to apply for other agencies or any other type of employment as this is a temporary work. (Please initial here). _____

Employee can choose to works on a full time, part time or PRN basis of up to 36 hours per week if work permits. (Please initial here). _____

This agency doesn't guarantee work per employment contract between the employee and HSE Staffing Agency LLC. (Please initial here). _____

Print name _____

SIGNATURE _____

DATE _____