



## EMPLOYMENT APPLICATION

This Agency is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this Facility to provide employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, this Agency intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law.

Personal Information		
Date of Application		
First Name	Last Name	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Address	
City	State	Zip Code
Email		Cell Phone
Do we have permission to text your cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone	
Employment Eligibility		
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No" are you authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military / Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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.</b>		
Have you ever applied for a job with this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give the date of application, the position for which you applied, and your name at that time.		
Have you ever worked with HSE Staffing Agency before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes specify the start and end dates below		
Start Date	End Date	

**How did you hear about us?**

<input type="checkbox"/> Our Advertisement	Please specify (social media, ads,... etc.)
<input type="checkbox"/> Referral	Name of referrer
<input type="checkbox"/> Other	Specify

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? Conviction of a criminal offense will not necessarily preclude your employment.

**Employment Desired**

Date Available		
Position Applying For		Salary Requirement
Days available to work	Preferred Hours	Shift Preferences
<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Evening <input type="checkbox"/> Rotating

**Education**

Education Level
<input type="checkbox"/> High School Graduate <input type="checkbox"/> Certification <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree
Office Skills (Check those with which you have experience)
<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> E-mail <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Medical Transcription
List any special skills or qualifications which you feel are relevant to the job for which you are applying.

**Schools Attended**

Name and Address	Year Last Attended / Completed	Did you graduate?	GPA
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and Address	Year Last Attended / Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA
Name and Address	Year Last Attended / Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA
Name and Address	Year Last Attended / Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA

### Licensure / Certification

Did you graduate?

- Registered Nurse Assistant                     
 Licensed Practical Nurse                     
 Certified Nursing  
 CPR Certified                     
 ACLS Certified                     
 N/A

Are you currently on Nursing Assistant registry?

- Yes  
 No

Are there any restrictions on your license?

- Yes  
 No  
 Not Applicable

If there are any restrictions on your License, please explain below.

### Work History

Have you ever been dismissed, or asked to resign from any position?

- Yes     No

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?

### Former Employment

Employer Name	Date Employed	Date Employment Ended (if applicable)
Position and Duties		
Reason for leaving or ending your employment there		

Employer Name	Date Employed	Date Employment Ended (if applicable)
Position and Duties		
Reason for leaving or ending your employment there		

Employer Name	Date Employed	Date Employment Ended (if applicable)
Position and Duties		
Reason for leaving or ending your employment there		

### References

Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we communicate with your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
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**List two professional references (Non Relatives) we may contact**

First Reference Full Name	Second Reference Full Name
First Reference Position / Title	Second Reference Position / Title
First Reference Phone	Second Reference Phone
First Reference Email	First Reference Email

## EMPLOYMENT UNDERSTANDING

Please read the following statements carefully before you consent to 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 Staffing Agency) to contact references, past or present employers, 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. \_\_\_\_\_ (initial here).

Explanation of Concern (if applicable)

- 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. \_\_\_\_\_ (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 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. \_\_\_\_\_ (initial here).
- I understand that I hold a title of a temporary employee of HSE Staffing Agency, as a/an

Are you employed now?

RN    RT    LPN    CNA    Medical Assessment    Phlebotomist    Staff / Other

This means there are no guaranteed 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 offered to employee when work is available and employee chooses to schedule self. \_\_\_\_\_ (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. \_\_\_\_\_ (initial here).
- Employee understands that if call off occurs twice in a one-month period, this can be grounds for termination per employment contract. It also may cause lack of work as the facility may temporarily offer scheduled work to other employees who have perfect attendance and provide work that meets the facility standards. \_\_\_\_\_ (initial here).
- Employee is aware this is a temporary agency that only offers temporary work as needed by the facilities. With the written consent of HSE Staffing Agency, employee is free to apply for other agencies or any other type of employment as this is temporary employment. \_\_\_\_\_ (initial here).
- Employee can choose to work on a full time, part time or PRN basis of up to 36 hours per week if work permits. \_\_\_\_\_ (initial here).
- This agency doesn't guarantee work per employment contract between the employee and HSE Staffing Agency LLC. \_\_\_\_\_ (initial here).

## **CONFIDENTIAL INFORMATION**

As used herein "Confidential Information" shall mean any and all technical and non-technical information provided by the HSE Staffing, including but not limited to: data or other proprietary information relating to products, inventions, plans, methods, processes, know-how, developmental or experimental work, clients names, list of clients and their contact, employees including names, address, phone numbers or any other contact methods, customer lists (including the names, or practices of any clients), the names of vendors or suppliers, marketing methods, reports, analyses, business plans, financial information, statistical information, or any other subject matter pertaining to any business of the Company or any it's respective clients, consultants, or licensees that is disclosed to the recipient under the terms of this Agreement. \_\_\_\_\_ (initial here).

Employee may have had access to proprietary, private and/or otherwise confidential information ("Confidential Information") of HSE Staffing. Confidential Information shall mean all non-public information which constitutes, relates, or refers to the operation of the business of the Company, including without limitation, all financial, investment, operational, personnel, sales, marketing, managerial and statistical information of the Company, and any and all trade secrets, customer lists, or pricing information of the Company. Employee will not at any time or in any manner, either directly or indirectly, use for the personal benefit of the Contractor, or divulge, disclose, or communicate in any manner any Confidential Information. Contractor will protect such information and treat the Confidential Information as strictly confidential. \_\_\_\_\_ (initial here).

This provision shall continue to be effective after the termination of this Agreement. Upon termination of this Agreement, Employee will return to HSE Staffing all Confidential Information, whether physical or electronic, and other items that were used, created, or controlled by the Contractor during the term of this Agreement. \_\_\_\_\_ (initial here).

## **Non-Compete**

During this agreement Employee shall not represent, provide services for, or engage in any other way any other business of a similar nature to the business of HSE Staffing without the written consent of HSE Staffing, if employee own or operate a similar business as HSE Staffing, Employee can't use any information provided by HSE to contact HSE Staffing clients or conduct business with them for one year after the termination of employment between HSE Staffing and employee. \_\_\_\_\_ (initial here).

**INDEMNIFICATION**

Employee agrees to indemnify and hold harmless Company from all claims, losses, expenses, fees including attorney fees, costs, and judgments that may be asserted against the Company that result from the acts or omissions of the employee, the employee's agents. \_\_\_\_\_ (initial here).

Print Name	Date
Signature	