

## Employment Application

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

Personal Information				
Name		Maiden Name	Social Security Number	Position Applied for:
Address		City		State      Zip
Phone(s) (    ) (    ) (    )		Best time to call	E-mail	Work Availability
Emergency Contact/Relationship		Address		Phone (    )
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you hear about us?		
If hired, can you provide proof of citizenship or employment authorization?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "no", please explain:	
Have you ever been convicted of a felony? (A conviction is not an automatic bar from employment)		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", provide details:	
Have you ever been convicted of a drug, assault, or theft related misdemeanor? (A conviction is not an automatic bar from employment)		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", provide details:	
<i>(Health Professionals Only)</i> Have you ever been named in a medical-professional liability suit within the last five years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please explain:	
<i>(Health Professionals Only)</i> Has your professional license ever been suspended or revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please explain:	

Education				
	Name, City, State	Years Attended	Degree/Certificate	Did you graduate?
High School				
Nursing/Tech School				
College				
Post-College				
Other Training				

Professional Affiliations/Organizations					
Name/Type	Member Number	Exp. Date	Name/Type	Member Number	Exp. Date

### Past Employment

Company or Facility:			Type of Facility:		
Address:		City:		State:	Zip:
Supervisor:	Phone: (    )	Salary	Dates of Employment:            to		
<i>(Health Professionals Only)</i> Was this an agency or travel assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving?			
Name of Company?		<i>(Health Professionals Only)</i> Specialty Experience:			

Company or Facility:			Type of Facility:		
Address:		City:		State:	Zip:
Supervisor:	Phone: (    )	Salary	Dates of Employment:            to		
<i>(Health Professionals Only)</i> Was this an agency or travel assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving?			
Name of Company?		<i>(Health Professionals Only)</i> Specialty Experience:			

Company or Facility:			Type of Facility:		
Address:		City:		State:	Zip:
Supervisor:	Phone: (    )	Salary	Dates of Employment:            to		
<i>(Health Professionals Only)</i> Was this an agency or travel assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving?			
Name of Company?		<i>(Health Professionals Only)</i> Specialty Experience:			

<b>Licensure (Health Professionals Only)</b>				
Type	State	License Number	Expiration Date	Active
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Certifications (Health Professionals Only)</b>	
Type	Expiration Date
Basic Life Support	
Advanced Cardiac Life Support	

**PLEASE READ CAREFULLY:**

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I authorize any insurance company, employer, educational institution, law enforcement organization, state or federal government agency, information service bureau, medical facility or practitioner, and any other person or organizations listed in this application to release information regarding my character, performance, qualifications, background, reasons for termination of past employment, and eligibility for rehire to Right at Home or RAH Staffing. I also understand that as a condition of my employment I will complete a background check including, but not limited to, criminal records, social security number verification, and driving record. I also authorize the release of my driving history and criminal records, and understand that it may contain information about my background, mode of living, character, and personal reputation. I understand that a criminal conviction is not an automatic bar from employment and will be reviewed for job related impact. I authorize you to request and receive such information, and release you and all parties involved in providing such information from any responsibility or liability. I understand that the decision to hire is solely that of Right at Home or RAH Staffing.

As a condition of my employment with the Company, I agree that all information which I receive in the course of my employment relating in any manner to, among other things, the business activities, customers, production processes, financial affairs, programs, concepts or designs of Right At Home or RAH Staffing are to be treated by me as trade secrets and kept in confidence, not to be disclosed to any unauthorized person either during or after my employment, or used by me in any manner adverse to the interests of Right At Home or RAH Staffing. In addition, I may be required to sign a separate Invention and Confidentiality Agreement.

In consideration for my employment by your Company, I agree to conform to the rules and regulations of the Company and acknowledge that these rules and regulations may be changed, interpreted, suspended, withdrawn, or added to by your Company at any time, at the Company's sole option and without any prior notice to me.

I further acknowledge that my employment is **at-will** and may be terminated, and any offer of employment, if such is made, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the Company or myself. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Right At Home or RAH Staffing and myself for either employment or for providing of any benefit.

If my services terminate after accepting employment, I understand that Right At Home or RAH Staffing, or any of its affiliates may supply, in confidence, my employment record to any prospective employer, with no liability to the Company or its staff.

I acknowledge that I have been advised that this application will remain active for no more than sixty (60) days from the date it was made.

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

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