

HEALTHCARE MANAGEMENT SYSTEMS, INC.

COMPANY _____

LOCATION _____

This agency bases hiring decisions on the ability, skills, education, experience, and background of applicants, and does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, or any other characteristic protected by law.

APPLICATION

Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street) (City) (State) (Zip)

Telephone Number (_____) _____ Best time to reach ____ A.M. ____ P.M.

Date of Birth _____ Social Security Number _____

E-Mail Address: _____

NURSING:

Program Completed: _____

Institution Attended: _____

Years Attended: _____ Graduation: (Month/Year) _____

High School/College:

Diploma or Degree: _____

Institution Attended: _____ City: _____ State: _____

Years Attended: _____ Graduation: (Month/Year) _____

Complete this section if you served in the U.S. Armed Forces:

U.S. Military Service: _____

Rank: _____

Present Membership in National Guard or Reserves: _____

Were you honorably discharged? Yes No

Describe your duties and any special training: _____

Certification:

State of original licensure and license number: _____

All states of licensure with license number (please enclose copies) _____

Professional liability insurance carrier _____

Amount of coverage _____ Expiration Date: _____

Employment:

List current employer first:

1. _____ Date of employment: _____ to _____
Employers Name (Beginning) (Ending)

City/State _____ Telephone Number (_____) _____

May we contact your present employers? Yes No Ending Salary: \$ _____

If no, please explain why: _____

References verified by _____ Date _____

2. _____ Date of employment: _____ to _____
Employers Name (Beginning) (Ending)

City/State _____ Telephone Number (_____) _____

May we contact your present employers? Yes No Ending Salary: \$ _____

If no, please explain why: _____

References verified by _____ Date _____

3. _____ Date of employment: _____ to _____
Employers Name (Beginning) (Ending)

City/State _____ Telephone Number (_____) _____

May we contact your present employers? Yes No Ending Salary: \$ _____

If no, please explain why: _____

References verified by _____ Date _____

References:

1. Name: _____ Title: _____ Phone Number:(_____) _____

2. Name: _____ Title: _____ Phone Number:(_____) _____

3. Name: _____ Title: _____ Phone Number:(_____) _____

HEALTH:

Date of your last examination by physician: _____

Do you have any physical/health limitations that might effect your ability to travel and practice as a nurse? Yes No

If yes, please attach a written explanation:

Person to notify in case of emergency:

1. Name: _____ Phone Number: (____) _____

2. Name: _____ Phone Number: (____) _____

Have you ever been dismissed from employment for drug use/addiction or ever been treated for drug use/addiction?

Yes No

If yes, attach a written explanation:

Have you ever been convicted of a crime other than a routine traffic citation? Yes No

If yes, attach a written explanation:

How did you hear about our company?

Direct Mailer Newspaper Ad Referral by another employee

I was referred by: _____

Please attach copies of licensure, any specialty certification or continuing education within the past 2 years, malpractice policy and resume.

By my signing below, I authorize the agency to conduct an investigation of all the facts set forth in the application and hereby release the agency, education institutions, former employers, law enforcement authorities, and all references from any liability in connection with such investigation(s). Additionally, I understand that any falsification, willful omission, or material misrepresentation of the information on this application will constitute good cause for the agency to discontinue the processing of this application or terminate my employment.

I understand that I may be required to undergo a pre-employment drug screening and/or physical examination, and any offer of employment is contingent on those results. I agree to provide documentation of my eligibility to work in the U.S. I understand that nothing in the application is intended to offer employment or create an employment contract.

Applicant's Signature

Date

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