**Gracious Loving Medical Staffing LLC**

2151 E High Str Ste B, Pottstown, PA 19464

### **Application for Employment**

We are an equal opportunity employer who provides equal access to programs, services and employment to all persons. All qualified applicants will receive equal consideration for employment without regard to race, color, national origin, religion, sex, marital status, sexual orientation, age, physical or mental disability, or covered veteran status. Those applicants requiring reasonable accomodation to the application and/or interview process should notify Gracious Loving Medical Staffing LLC.

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| **Personal Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | | | | | | | | | | | | | | | First | | |  | | | | | | | | | | | M.I. | | | | Date  of Birth | | |  | |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | |  | | | |
| City |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | |  | | ZIP | |  | | | |
| Phone |  | | | | | | | | | | | | | | | | E-mail Address | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Date Available | | | | | | | |  | | | | | | | | | | Social Security No. | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Position Specific Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Position Applied For** | | | | | | | | | RN License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | CNA Registration # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Home Health Aide | | | | | | | | | | | | | | Homemaker | | | | | | | | | | | | | | | Companion | | | | | | | | | | | | | |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has your license ever been suspended or revoked? | | | | | | | | | | | | YES | | | | NO | | | | | If yes, explain | | | | | | | | |  | | | | | | | | | | | | |
| Part Time  Full Time  Live-In 12-Hour Shifts:  AM  PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Time Availability:** (check all times you are available for work; times noted are approximate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | | Monday | | | | | | | | Tuesday | | | | | Wednesday | | | | | | | | | Thursday | | | | | | | Friday | | | | | | Saturday | | | | | Sunday |
| 8 am to 12 pm | |  | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | |  | | | | | |  | | | | |  |
| 12 pm to 4 pm | |  | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | |  | | | | | |  | | | | |  |
| 4 pm to 8 pm | |  | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | |  | | | | | |  | | | | |  |
| 8 pm to 12 am | |  | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | |  | | | | | |  | | | | |  |
| 12 am to 4 am | |  | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | |  | | | | | |  | | | | |  |
| 4 am to 8 am | |  | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | |  | | | | | |  | | | | |  |
| Are you a citizen of the United States? | | | | | | | | | | | | | YES | | | | | | NO | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | YES | | | | NO | | |
| Have you ever worked for this company? | | | | | | | | | | | | | YES | | | | | | NO | | | If so, when? | | | | | | | |  | | | | | | | | | | | | |
| Have you ever been convicted of a felony or misdemeanor? | | | | | | | | | | | | | YES | | | | | | NO | | | If yes, detail | | | | | | | |  | | | | | | | | | | | | |
| Languages Spoken  Spanish  French  Russian  Vietnamese  Korean  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Education** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **High School** | | | | |  | | | | | | | | | | | | | | | Address | | | | |  | | | | | | | | | | | | | | | | | |
| From | | | | To | | |  | | | | Did you graduate? | | | | | | | | | | YES | | | | | | NO | | | | | Degree | |  | | | | | | | | |
| **College** |  | | | | | | | | | | | | | | | | | | | Address | | | | |  | | | | | | | | | | | | | | | | | |
| From | | | | To | | |  | | | | Did you graduate? | | | | | | | | | | YES | | | | | | NO | | | | | Degree | |  | | | | | | | | |
| **Other** |  | | | | | | | | | | | | | | | | | | Address | | | | | | | | | | | | | | | | | | | | | | | |
| From | | | | To | | |  | | | | Did you graduate? | | | | | | | | | | YES | | | | | | NO | | | | | Degree | |  | | | | | | | | |

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| **Emergency Contact(s):** | | | | |
| **Full Name** |  | Relationship to contact | |  |
| Email |  | Phone | ( ) | |
| Address |  | | | |
| **Full Name** |  | Relationship to contact | |  |
| Email |  | Phone | ( ) | |
| Address |  | | | |
| **Full Name** |  | Relationship to contact | |  |
| Email |  | Phone | ( ) | |
| Address |  | | | |

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| **Please List Three Professional References:** | | | | |
| **Full Name** |  | Relationship | |  |
| Company |  | Phone | ( ) | |
| Address |  | | | |
| **Full Name** |  | Relationship | |  |
| Company |  | Phone | ( ) | |
| Address |  | | | |
| **Full Name** |  | Relationship | |  |
| Company |  | Phone | ( ) | |
| Address |  | | | |

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| Previous Employment | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company** | | |  | | | | | | | | | Phone | | | | ( ) | | | | | | | | | |
| Address | |  | | | | | | | | | | Supervisor | | | | | | |  | | | | | | |
| Job Title | |  | | | | | | | | Starting Salary | | | | $ | | | | | | Ending Salary | | | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | |
| From |  | | | To | | |  | Reason for Leaving | | |  | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | YES | | | | | NO | | |  | | | | |
| **Company** | | |  | | | | | | | | | Phone | | | | ( ) | | | | | | | | | |
| Address | |  | | | | | | | | | | Supervisor | | | | | | |  | | | | | | |
| Job Title | |  | | | | | | | | Starting Salary | | | | $ | | | | | | Ending Salary | | | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | |
| From |  | | | To | | |  | Reason for Leaving | | |  | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | YES | | | | | NO | | |  | | | | |
| **Previous Employment, Continued** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company** | | |  | | | | | | | | | Phone | | | | ( ) | | | | | | | | | |
| Address | |  | | | | | | | | | | Supervisor | | | | | | |  | | | | | | |
| Job Title | |  | | | | | | | | Starting Salary | | | | $ | | | | | | Ending Salary | | | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | |
| From |  | | | To | | |  | Reason for Leaving | | |  | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | YES | | | | | NO | | |  | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch | |  | | | | | | | | | | | | | From | |  | | | | | To |  | | |
| Rank at Discharge | | | | | |  | | | | | | | | | Type of Discharge | | | | | | | | |  | |
| If other than honorable, explain | | | | | | | | |  | | | | | | | | | | | | | | | | |

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| Employment Application Disclosure and Authority to Release Information |
| PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING.  I understand that in processing my application with Gracious Loving Medical Staffing LLC, a background check will be conducted. Information may include, but is not limited to: employment history, education, criminal records, national sex offender check, child abuse clearance, motor vehicle records, personal references and any data provided on this application or during the interview process.  If currently employed: My current employer may be contacted YES  NO  I authorize the appropriate individuals, companies, institutions or agencies to release information and I release them from any liability as a result of such inquiries or disclosures.  I have read, understand, and by my signature consent to these statements. I hereby certify that all the statements and answers set forth on the application form, my resume and interview are true and complete to the best of my knowledge. If this application leads to employment, I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection of my application or termination of my employment. |
| Legal Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_ Legal First Name:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Legal Middle Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City:­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please list any additional addresses you have lived, worked and attended schools in during the past 7 years:  Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other Name(s) Used and Date(s) Changed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Driver’s License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued: \_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| I authorize a photocopy of this release to be accepted with the same authority as the original and if employed by Gracious Loving Medical Staffing Agency, this release will remain in effect throughout such employment. | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |