

# J&K HEALTHCARE

## APPLICATION FOR EMPLOYMENT

Please print legibly in ink only

Date of Application \_\_\_\_\_

### Welcome to J&K Healthcare Services, Inc.

It is the policy of J&K Healthcare Services to treat all job applicants and employees equally without regard to race, religion, age, color, sex, marital status, national origin, citizenship, ancestry, disability or handicap or any other basis prohibited by Federal, State and Local law.

#### Personal Data

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_

cellular/pager: \_\_\_\_\_ Work # \_\_\_\_\_

Emergency contact: \_\_\_\_\_ email address: \_\_\_\_\_

Please check the specialty area(s) that best matches your current work experience and education.

Med/Surg \_\_\_\_\_ Step-down \_\_\_\_\_ Telemetry \_\_\_\_\_ ICU/CCU \_\_\_\_\_ Open Heart \_\_\_\_\_ Medical ICU \_\_\_\_\_  
Surgical ICU \_\_\_\_\_ Neuro. ICU \_\_\_\_\_ NICU \_\_\_\_\_ Nursery \_\_\_\_\_ OB \_\_\_\_\_ L&D \_\_\_\_\_ Postpartum \_\_\_\_\_  
Special Care Nursery \_\_\_\_\_ Pediatrics \_\_\_\_\_ Pediatric ER/ICU \_\_\_\_\_ Emergency Room \_\_\_\_\_ Recovery Room \_\_\_\_\_  
Ambulatory \_\_\_\_\_ Clinics \_\_\_\_\_ Endo. \_\_\_\_\_ Psychiatric \_\_\_\_\_ Operating Room \_\_\_\_\_ Supervision \_\_\_\_\_  
Home Care \_\_\_\_\_  
Intermittent Care \_\_\_\_\_ Extended Care \_\_\_\_\_ Hospice \_\_\_\_\_ Residential Care \_\_\_\_\_ IV Therapy \_\_\_\_\_  
Rehabilitation \_\_\_\_\_

Please check the shift and days of the week you are available to work:

Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_  
Days \_\_\_\_\_ Nights \_\_\_\_\_ Eight hours \_\_\_\_\_ Twelve hours \_\_\_\_\_  
Would you be interested in a 12-week contract? \_\_\_\_\_

Do you have any relatives working for J&K Healthcare Services Yes  No  If Yes, indicate the name, department and relationship \_\_\_\_\_

For the reasons of supervision, safety, security and morale, family members will not be employed under the direct supervision of one another, nor will they be placed in the same department or organization if the work involves potential conflicts of interest.

Have you ever been convicted of a felony or serious crime? (The existence of a conviction does not constitute an automatic bar to employment) Yes  No  if yes, explain: \_\_\_\_\_

I understand and give permission to J&K-Healthcare Services to conduct a criminal background check.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If hired, you will be required to furnish proof that you are legally authorized to work in the United States. Can you furnish such proof? Yes  No

How were you referred to J&K Healthcare Services?

Newspaper \_\_\_\_\_ Trade Publication \_\_\_\_\_ Job Fair/Open house \_\_\_\_\_  
J&K Healthcare Service employee \_\_\_\_\_ Name: \_\_\_\_\_  
Other referral source \_\_\_\_\_

**Work Experience:** List all of were doing during that your work experience beginning with your most recent job. You will be asked to explain all employment and what you time. Include military experience, any part time work, schooling and unemployment.

Employer Name (present)      Date of Employment      From: Month      Year      From: Month      Year

Employer Address      City      State      Zip      Salary: Hourly \_\_\_\_\_ Annually \_\_\_\_\_      Name of Supervisor      Title      Phone: \_\_\_\_\_      Reason for Leaving

Employer Name (present)      Date of Employment      From: Month      Year      From: Month      Year

Employer Address      City      State      Zip      Salary: Hourly \_\_\_\_\_ Annually \_\_\_\_\_

Name of Supervisor      Title      Phone: \_\_\_\_\_      Reason for leaving

(present)      Date of Employment      From: Month      Year      From: Month      Year      Employer Name

Employer Address      City      State      Zip      Salary: Hourly \_\_\_\_\_ Annually \_\_\_\_\_

Name of Supervisor      Title      Phone: \_\_\_\_\_      Reason for Leaving

**EDUCATION AND TRAINING** (please list all schools attended. Begin with High School, and then list all colleges' vocational and military service schools).

High School      Street Address      City      State/Zip      Highest grade completed

College/Vocational School      Street Address      City      State/Zip      Degree Completed

Nursing School      Street Address      City      State/Zip      Degree Completed

**CERTIFICATIONS**

License/Certificates      Lic./Cert. Number      State      Expiration Date

CPR      Expiration Date

ACLS      Expiration Date

PALS      Expiration Date

MAIPRACTICE      Expiration Date

**EMPLOYMENT APPLICATION CERTIFICATION**

I hereby certify that the facts set forth on this application for employment are true and complete and I authorize J&K Healthcare Services or its affiliated organization hereafter referred to as J&K, to investigate any and all statements that I have made. I also authorize all persons and institutions, including my previous employers and the schools that I attended to provide J&K with any information that it requests in connection with this investigation, hereby release all of these persons and institutions and J&K from any and all liability for any damages arising from the investigation. I understand that if employed, false statements on this application or omissions of material information may result in termination. I understand that my employment may be contingent upon my successful completion of a pre-employment physical examination. I further understand that within the time frame specified by J&K, I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States. I understand and agree that if employed, either J&K or I will be free to terminate the relationship at any time for any reason, without cause and without notice. I understand and agree that this writing shall constitute the entire agreement between J&K and me on the subject of the length or term of my employment, and the circumstances under which it may be terminated, and that there are no oral or collateral agreements pertaining to these issues. I also understand and agree that no representative of J&K other than its president has the authority to enter into an express or implied agreement for specified periods of time or to make any agreement contrary to the foregoing. In the event that I am dissatisfied or disagree with any action taken by J&K, I agree to submit the matters to the employee grievance for final and binding resolution and will not initiate a lawsuit.

Signature \_\_\_\_\_ Date \_\_\_\_\_