



APPLICATION FOR EMPLOYMENT

Dear Applicant:

Birth Care Staffing Specialists, Inc. is an equal opportunity employer and does not discriminate because of race, color, sex, age, national origin, physical disabilities, religion, citizenship status, ancestry, marital status, military status, unfavorable discharge from military, parental status and/ or sexual orientation.

Birth Care Staffing Specialists, Inc. upholds the highest standard of responsibility to its customers; in this respect, the organization's good reputation depends upon its employees. It is the policy and practice of Birth Care Staffing Specialists, Inc. to decide all matters relating to employment on the basis of qualifications and merit. Therefore, this employment application requires careful attention to detail. Should you receive an offer of employment from Birth Care Staffing Specialists, Inc., it will be conditional upon a number of factors, including the satisfactory completion of pre- and post-employment background reference, credit and other checks and a medical examination, which includes a drug screen. It is important that the information be complete and accurate. Should you become an employee, a subsequent discovery of any inaccuracy could lead to disciplinary action, up to and including termination.

When filling out the application, please include all dates of employment (to the month), schools attended, supervisors' names and telephone numbers, reasons for leaving positions, and gaps in employment. Please take a moment to review your completed application carefully.

If you are unsure of the meaning of any question on the application, do not hesitate to ask for an explanation. If you are unsure of any answer, please leave it blank until you can confirm the information.

Thank you for your cooperation!

Name: LAST	FIRST	MIDDLE	MAIDEN
Address			
City	State	Zip	
LIST ANY OTHER ADDRESSES FOR THE LAST THREE YEARS			
Address			
City	State	Zip	
Address			
City	State	Zip	
PROVIDE US WITH COMMUNICATIONS:			
Home Phone _____ Cell Phone _____			
E-mail _____		Pager _____	
Social Security No. _____			
Position Applied for: _____			
Status: Full Time __ Part Time __ No. of hours desired _____			
Shift Preference: 07-15__ 15-23__ 23-07__			
Day Preference: (please circle) M T W T F S S			
How soon are you able to begin employment?			
How did you Learn of this Position? __ Employee Reference (name) _____ __ Advanced Magazine __ Nursing Spectrum __ Web _____ Other: _____			
Have you ever worked for a temporary Agency? Yes__ No__ If yes, who? _____			
Do you voluntarily identify yourself as a veteran for reporting purposes? __Yes __No _____ Branch of Service _____			

GENERAL INFORMATION

Have you ever been convicted of a felony or misdemeanor crime? Yes* ___ No ___
 If Yes, Please explain: _____

 Are you bound by a non-competition agreement of your current or previous employer? Yes ___ No ___
 Have you ever been employed by BIRTH CARE Staffing Specialists, Inc.? Yes ___ No ___
 If yes, give date(s) _____
 Are any of your relatives employed by BIRTH CARE Staffing Specialists, Inc.? Yes ___ No ___

EDUCATION

Name, City & State of School	Course of Study	Date Completed	Degree
HIGH SCHOOL			
TRADE/BUSINESS SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
OTHER			

ANY CERTIFICATIONS (i.e.: NRP, CPR, RNC, CBE, ACLS)

PROFESSIONAL LICENSES OR CERTIFICATIONS

Are you Currently? Registered ___ Licenses ___ Certified ___

You will be asked to submit documented proof*

TYPE	NUMBER	STATE	DATE ISSUED	EXPIRATION

Personal Information.

Answering yes, will not automatically disqualify you. However should any information you provide be contradictory of any reports we receive while performing background checks could result in immediate termination during any of the pre-employment or employment status.

Identify any action that may have been taken or is presently pending on your professional license of certification: _____ _____
Have you ever held any professional license under any other name(s) or aliases in this state or any other? No _____ Yes, explain _____ _____
Identify and explain any professional liability claims in which you are or have been named a defendant: _____
Have you or are you presently receiving treatment for a drug or alcohol dependency? No ____ Yes, explain: _____
Have you ever been hospitalized for treatment for a chemical dependency? No ____ Yes, explain: _____ _____
Can you perform your job duties with or without the accommodations of the company? Yes ____ No, explain: _____
Have you ever been reported to the State Board of Nursing? No ____ Yes, explain _____
Have you ever files for Worker's Compensation claim? No ____ Yes, explain _____

EMPLOYMENT DATA

(List all of your work experience beginning with your most recent job.)

******PLEASE COMPLETE IN FULL ALL NURSING EXPERIENCE**

******PLEASE PRINT CLEARLY**

Employer's Name _____

Address _____ City _____ State _____ ZIP _____

Phone Number _____

Supervisor (Name & Title) _____

May we contact your previous employer? Yes _____ No _____

Your Position (Title) _____ Unit worked: _____

Start Date: _____ Stop Date: _____

Reason for Leaving? Voluntary: _____ Involuntary _____

Salary: Beginning _____ Last _____

Employer's Name _____

Address _____ City _____ State _____ ZIP _____

Phone Number _____

Supervisor (Name & Title) _____

May we contact your previous employer? Yes _____ No _____

Your Position (Title) _____ Unit worked: _____

Start Date: _____ Stop Date: _____

Reason for Leaving? Voluntary: _____ Involuntary _____

Salary: Beginning _____ Last _____

Employer's Name _____

Address _____ City _____ State _____ ZIP _____

Phone Number _____

Supervisor (Name & Title) _____

May we contact your previous employer? Yes _____ No _____

Your Position (Title) _____ Unit worked: _____

Start Date: _____ Stop Date: _____

Reason for Leaving? Voluntary: _____ Involuntary _____

Salary: Beginning _____ Last _____

If you would like to list more Employers – Submit on separate paper and attach

REFERENCES

Please list three individuals with whom you have worked with who were in a position to evaluate your performance.

Name: _____ Address: _____ City _____ State _____ ZIP _____ Phone Number: _____ May we contact this person? Yes _____ No _____
Name: _____ Address: _____ City _____ State _____ ZIP _____ Phone Number: _____ May we contact this person? Yes _____ No _____
Name: _____ Address: _____ City _____ State _____ ZIP _____ Phone Number: _____ May we contact this person? Yes _____ No _____

CRIMINAL BACKGROUND SCREENING

In Consideration of my being considered for employment, I give Birth Care Staffing Specialists, Inc. the right to investigate my criminal background at any time. I authorize and request all persons, companies and organizations (law enforcement agencies) to furnish any information about me requested by Birth Care Staffing Specialists, Inc. I release from liability any person, company, or organization furnishing such information, and release Birth Care Staffing Specialists, Inc. from liability arising from any employment decision which is based in whole or in part upon such information.

Drivers License # _____ SIGNATURE _____

APPLICANT'S ACKNOWLEDGEMENT

I CERTIFY that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment.

I AUTHORIZE Birth Care Staffing Specialists, Inc. to conduct investigations in which information may be obtained through personal interviews with business associates, personal acquaintances, financial sources or other third parties regarding my employment history, credentials, and character and to obtain any relevant needed to make an employment decision. I authorize Birth Care Staffing Specialists, Inc. to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for local, state, federal, contractual or accreditation audit purposes. I also authorize Birth Care Staffing Specialists, Inc. to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release Birth Care Staffing Specialists, Inc. and any individual or entity providing information to Birth Care Staffing Specialists, Inc. from all liability for any damages from the disclosure of this information.

I ALSO UNDERSTAND AND AGREE that:

- Passing a medical examination and/or participating in a post-conditional offer medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired, employment may be terminated.
- I may be subject to pre-employment drug testing, or a drug test where a reasonable suspicion exists, or where warranted by circumstances, workplace conditions or contractual requirements.

I UNDERSTAND AND AGREE that nothing contained in this employment application or in granting of an interview creates and employment contract between Birth Care Staffing Specialists, Inc. and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will", that I will have the right to terminate my employment at any time, and that Birth Care Staffing Specialists, Inc. will retain a similar right to terminate my employment at any time.

I UNDERSTAND AND AGREE that this application is a continuous document and should any of the information which I have supplied herein change, I am obligated to notify Birth Care Staffing Specialists, Inc. of such change immediately.

I UNDERSTAND that should I become employed by Birth Care Staffing Specialists, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of Birth Care Staffing Specialists, Inc.

Date _____ SIGNATURE _____