

AMIGO

EMPLOYMENT APPLICATION

Personal Information

Date: _____

Last Name:	_____	Initial:	_____	First:	_____
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Country:	_____				
Home Phone:	() _____	Business Phone:	() _____		
Is your spouse employed by this employer?:		[] Yes	[] No		
Have you ever applied for employment with us:		[] Yes	[] No		
If yes, when?	_____				
Secondary Contact Information					
Name:	_____	Phone:	() _____		

Position Desired

Position:	_____	Date Available:	_____
Salary Desired:	_____	Hourly Wage Desired:	_____
Types of employment sought:	[] Full Time	[] Part Time	[] Temporary
Workable shifts:	[] Day	[] Night	[] Weekend

Work Eligibility

Are you eligible to work in the United States:	[] Yes	[] No
Are you 17 or older:	[] Yes	[] No
Have you been convicted or pleaded no contest to a felony within the last five years?	[] Yes	[] No
If yes, please explain:	_____	
Do you have other special training or skills (additional spoken or written languages, computer software knowledge, machine operation experience, etc.):		

How did you hear of our organization:		

Education

High School:	_____	City:	_____	State:	_____	
College:	_____	City:	_____	State:	_____	
Did you Graduate:	[] Yes	[] No	Degree:	_____	Graduation Year:	_____
Nursing School:	_____	City:	_____	State:	_____	
Licensure						
R.N. License #:	_____	State:	_____	Expiration Date:	_____	
L.V.N. License#:	_____	State:	_____	Expiration Date:	_____	
N.A. Certification:	_____					
Have you ever had disciplinary action taken against any of your nursing licenses:		[] Yes	[] No			
If yes, please explain:	_____					

Employment History

Start with present or most recent employer

Company Phone: () _____ Employed (month and year) from: ____ to ____
 Company Name: _____ City: _____ State: _____
 Name of supervisor: _____ Job title: _____
 Salary Hourly wage: \$ _____ Full Time Part Time Temporary
 Describe your work: _____

 Reason for leaving: _____

Company Phone: () _____ Employed (month and year) from: ____ to ____
 Company Name: _____ City: _____ State: _____
 Name of supervisor: _____ Job title: _____
 Salary Hourly wage: \$ _____ Full Time Part Time Temporary
 Describe your work: _____

 Reason for leaving: _____

Company Phone: () _____ Employed (month and year) from: ____ to ____
 Company Name: _____ City: _____ State: _____
 Name of supervisor: _____ Job title: _____
 Salary Hourly wage: \$ _____ Full Time Part Time Temporary
 Describe your work: _____

 Reason for leaving: _____

If still employed, may we contact your current employer? Yes No
 May we contact your past employers? Yes No
 If not, please explain? _____

Agreement of the Transfer of Information

I certify that the information contained in this application and all the attachments hereto, 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 of the persons or organization referenced in this application/attachments to give you any and all information concerning my previous employment, education or any other information they may have, personal or otherwise, with regard to any of the subjects covered by this application. I also release all such parties, its agents, and employees from all liabilities for any damage that may result from furnishing such information. I further authorize the request and receipt of information. In consideration of my being considered for employment, I agree to conform to the rules and regulations as they may change, be interpreted, withdrawn or added warrant any time, at anytime, at its sole option an without prior notice to me. I further acknowledge that if employed, I will be an at-will employee, my employment may be terminated, and any offer of employment, if such is made may be withdrawn. I acknowledge that this application will remain active for no more than 60 days from the date it was made. By placing my signature on this application, I acknowledge that I have read and understood the preceding paragraphs.

Signature: _____ Date: _____