

THE ASPEN GROUP

APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	SOCIAL SECURITY #
PRESENT ADDRESS – NUMBER & STREET				CITY, ZIP	TELEPHONE NUMBER ()
HAVE YOU EVER WORKED UNDER ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHAT NAME(S)?		ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS	
HAVE YOU EVER BEEN EMPLOYED BY SAN ANTONIO HOME HEALTH? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, WHAT DATES?	
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST SEVEN (7) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO					

JOB INFORMATION

POSITION APPLIED FOR <input type="checkbox"/> RN <input type="checkbox"/> PT <input type="checkbox"/> LP/LV <input type="checkbox"/> CNA <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> PTA <input type="checkbox"/> OTHER: _____			<input type="checkbox"/> FULL <input type="checkbox"/> PART <input type="checkbox"/> PRN	DATE AVAILABLE TO START
AVAILABLE TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVAILABLE TO WORK HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS FACILITY TYPES WORKED: CHECK ALL THAT APPLY. <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOSPICE <input type="checkbox"/> NURSING HOME <input type="checkbox"/> REHAB <input type="checkbox"/> PRIVATE DUTY <input type="checkbox"/> ASSISTED LIVING <input type="checkbox"/> HOME HEALTH			LANGUAGE SKILLS: OTHER THAN ENGLISH. CHECK ALL THAT APPLY. <input type="checkbox"/> SPANISH <input type="checkbox"/> FRENCH <input type="checkbox"/> GERMAN <input type="checkbox"/> OTHER: _____	
WORK EXPERIENCE/SKILLS: CHECK ALL THAT APPLY.				
<input type="checkbox"/> BURN	<input type="checkbox"/> L&D	<input type="checkbox"/> MICU	<input type="checkbox"/> NICU	<input type="checkbox"/> PACU
<input type="checkbox"/> REHAB	<input type="checkbox"/> NURSERY	<input type="checkbox"/> DIALYSIS	<input type="checkbox"/> GERIATRIC	<input type="checkbox"/> PEDI ICU
<input type="checkbox"/> PSYCHIATRY	<input type="checkbox"/> STEPDOWN	<input type="checkbox"/> ONCOLOGY	<input type="checkbox"/> NEUROLOGY	<input type="checkbox"/> OPEN HEART
<input type="checkbox"/> MOTHER/BABY	<input type="checkbox"/> RECOVERY ROOM	<input type="checkbox"/> OPERATING ROOM	<input type="checkbox"/> EMERGENCY ROOM	<input type="checkbox"/> EDUCATOR
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> SICU	<input type="checkbox"/> CCU
			<input type="checkbox"/> MED/SURG	<input type="checkbox"/> PEDIATRICS
			<input type="checkbox"/> DETOX/DRUG REHAB	<input type="checkbox"/> POST PARTUM
			<input type="checkbox"/> CATH LAB	<input type="checkbox"/> LABORATORY
			<input type="checkbox"/> ENT	<input type="checkbox"/> TELE
			<input type="checkbox"/> ORTHO	

EDUCATION

NAME & LOCATION OF HIGH SCHOOL, IF YOU DID NOT GRADUATE, INDICATE TOTAL YEARS OF SCHOOLING COMPLETED.				
CURRENT TRAINING				
NAME OF COLLEGE TRADE OR BUSINESS	DATE (MO/YR) FROM TO	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE AND DATE COMPLETED	IF NO DEGREE, TOTAL NUMBER OF HOURS COMPLETED
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
PROFESSIONAL LICENSES/TYPES	STATE ISSUED	LICENSE NUMBER	DATE EXPIRES	
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NATIONAL REGISTRATIONS/CERTIFICATES				
<input type="checkbox"/> ACLS	ISSUED BY: _____	LICENSE NUMBER: _____	DATE EXPIRES: _____	
<input type="checkbox"/> BCLS	ISSUED BY: _____	LICENSE NUMBER: _____	DATE EXPIRES: _____	
<input type="checkbox"/> PALS	ISSUED BY: _____	LICENSE NUMBER: _____	DATE EXPIRES: _____	
<input type="checkbox"/> IV	ISSUED BY: _____	LICENSE NUMBER: _____	DATE EXPIRES: _____	
<input type="checkbox"/> NALS	ISSUED BY: _____	LICENSE NUMBER: _____	DATE EXPIRES: _____	
<input type="checkbox"/> OTHER: _____	ISSUED BY: _____	LICENSE NUMBER: _____	DATE EXPIRES: _____	
TYPING SPEED	DICTATION	EXPERIENCE WITH WORD, EXCEL, POWERPOINT, INTERNET, OTHER		

EMPLOYMENT EXPERIENCE

EMPLOYER #1	EMPLOYED (MO/YR) FROM _____ TO _____	WORK PERFORMED / RESPONSIBILITIES (OFFICE USE ONLY) REFERENCE CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTES: INITIALED: _____
ADDRESS & PHONE		
JOB TITLE	HOURLY RATES/SALARY	
SUPERVISOR/TITLE	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING		
EMPLOYER #2	EMPLOYED (MO/YR) FROM _____ TO _____	WORK PERFORMED / RESPONSIBILITIES (OFFICE USE ONLY) REFERENCE CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTES: INITIALED: _____
ADDRESS & PHONE		
JOB TITLE	HOURLY RATES/SALARY	
SUPERVISOR/TITLE	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING		
EMPLOYER #3	EMPLOYED (MO/YR) FROM _____ TO _____	WORK PERFORMED / RESPONSIBILITIES (OFFICE USE ONLY) REFERENCE CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTES: INITIALED: _____
ADDRESS & PHONE		
JOB TITLE	HOURLY RATES/SALARY	
SUPERVISOR/TITLE	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING		

CONDITIONAL OFFER OF EMPLOYMENT

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give The Aspen Group permission to use any information in this application to enable it and its agents to verify the information contained in this application I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by The Aspen Group with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment, The Aspen Group may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release The Aspen Group, its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information.

In consideration of my employment and of my being considered for employment by The Aspen Group, I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either The Aspen Group or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of The Aspen Group, at any time, can constitute a contract of employment. No representative or agent of The Aspen Group has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results.

I understand that The Aspen Group is not involved in the day-to-day supervision or decision concerning patient care or dentistry. This remains with the Professional as part of the Professional's practice. The Professional fully indemnifies The Aspen Group against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage and other responsibilities as found under state prime contract law.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

Applicant Signature _____ Date _____