



EMPLOYMENT APPLICATION

Convenient Home Care Services Inc.

681 Main Street Suite 2-11, Waltham, MA 02451 781-642-0880 • Fax 781-642-0882
 Email: chc.services@yahoo.com • Web: convenienthomecare.com

Today's Date _____

For Office Use Only:	<input type="checkbox"/> NCR	<input type="checkbox"/> NA	<input type="checkbox"/> NC	<input type="checkbox"/> HC	<input type="checkbox"/> BC
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How to Contact Me

Name _____
Last First Middle

Social Security Number _____ Email _____

Citizenship US H1a H1b Trade NAFTA
 Work Authorization Card Resident Alien Card

Present Address _____
Street Address

City _____ State _____ Zip _____ Phone (____) _____-

I will be at this address until _____

The best time to reach me is _____ by Telephone Email

Permanent Address _____
Street Address

City _____ State _____ Zip _____ Phone (____) _____-

In the event of an emergency, please contact:

Name _____

Address _____
Street Address

City _____ State _____ Zip _____ Phone (____) _____-

My Preferences

Date I am available to start _____

Location Preference 1. _____ 2. _____ 3. _____

Are you traveling with family members or friends? _____ Pets? _____

My Educations

EDUCATIONAL LEVEL	NAME, LOCATION OF SCHOOL	DATE BOARDS PASSED	DIPLOMAS/DEGREES RECEIVED
College			
Graduate			
Professional or other			

Specialties 1. _____ 2. _____ 3. _____

Years of Experience _____

Licensure (Please include photocopies of all licenses held.)

License # _____	License # _____	License # _____
State _____	State _____	State _____
Exp. Date _____	Exp. Date _____	Exp. Date _____

License # _____	License # _____	License # _____
State _____	State _____	State _____
Exp. Date _____	Exp. Date _____	Exp. Date _____

Have you ever held a nursing license under a different name? Yes No
If yes, please list name and location _____

If you answer yes to any of the below questions, please attach a separate sheet with circumstances, dates, and final outcome:

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

Has your license or certification ever been investigated or suspended? Yes No

Have you ever been named as a defendant in a malpractice claim? Yes No

Please identify current credentials:

Type _____	Type _____	Type _____
Exp. Date _____	Exp. Date _____	Exp. Date _____

Type _____	Type _____	Type _____
Exp. Date _____	Exp. Date _____	Exp. Date _____

Please identify current credentials:

Type _____	Type _____	Type _____
Exp. Date _____	Exp. Date _____	Exp. Date _____

Type _____	Type _____	Type _____
Exp. Date _____	Exp. Date _____	Exp. Date _____

Employment History

Please list your employment for the past 10 years beginning with your most recent experience. Document any periods of unemployment. If you need additional space, please use the Employment Application Continuation Sheets that are attached.

Are you currently employed? Yes No
 If yes, may we contact your current employer?
 If no, may we contact your previous employer?

Facility _____	Facility _____
From _____ to _____	From _____ to _____
Address _____ <small>Street Address</small>	Address _____ <small>Street Address</small>
City _____ State _____ Zip code _____	City _____ State _____ Zip code _____
Supervisor _____ <small>Name and Title</small>	Supervisor _____ <small>Name and Title</small>
Teaching Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	Teaching Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Unit Beds _____	No. of Unit Beds _____
Total # Hospital Beds _____	Total # Hospital Beds _____
Speciality _____	Speciality _____
Shift _____ Position _____	Shift _____ Position _____
Avg. Patient Ratio _____	Avg. Patient Ratio _____
Charge Exp.? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____	Charge Exp.? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____
Travel Assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Travel Assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Local Staffing Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Local Staffing Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No

Facility _____	Facility _____
From _____ to _____	From _____ to _____
Address _____ <small>Street Address</small>	Address _____ <small>Street Address</small>
City _____ State _____ Zip code _____	City _____ State _____ Zip code _____
Supervisor _____ <small>Name and Title</small>	Supervisor _____ <small>Name and Title</small>
Teaching Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	Teaching Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Local Staffing Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Local Staffing Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Local Staffing Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Local Staffing Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No

**How did you hear of
Convenient Home Care
Services, Inc.?**

<input type="checkbox"/> Co-worker	<input type="checkbox"/> Magazine/Journal _____
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Internet Ad
<input type="checkbox"/> Newspaper _____	<input type="checkbox"/> Trade Show _____
<input type="checkbox"/> Direct Mail (DESCRIPTION) _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> If word of mouth, from whom? _____	

I understand that the information provided in this application is true to the best of my knowledge and the falsification of any information contained herein is the basis for immediate termination. I authorize Convenient Home Care Services, Inc. to verify the information I have provided and to contact past employers and references concerning my employment record. I release all persons providing such information from any liability for furnishing this information. I authorize the release of the information in this application, reference, and medical information to Convenient Home Care Services, Inc. and facilities where I may be employed.

Signature _____ Date _____



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