

TAYLOR STAFFING

Employment Application

Complete and fax to 888-568-9701



APPLICANT INFORMATION >>>WHO REFERRED YOU TO US?									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone			E-mail Address						
Date Available		Social Security No.			Desired Salary /hour		Position:		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for Taylor Staffing?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Have you ever worked for Genesis Healthcare?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list locations & dates below					
Availability: SUN _____, MON _____, TUE _____, WED _____, TH _____,									
FRI _____, SAT _____ Anything special:									
EMERGENCY CONTACT NAME & PHONE # _____									
PROFESSIONAL DISCIPLINE									
Registered Nurse <input type="checkbox"/>			Licensed Practical Nurse <input type="checkbox"/>			Certified Nursing Assistant <input type="checkbox"/>			
Other (Please specify) <input type="checkbox"/>									
Do you have at least one continuous year (recent) of long-term care experience?						YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, where?									
Which state(s) are you licensed in?									
Some jobs might require traveling. Are you willing to travel? _____ Do you have any travel restrictions? _____ If, yes, explain below:									
EDUCATION									
College				Location:					
Month/Year Graduated				Degree:					
Graduate School				Location:					
Month/Year Graduated				Degree:					
LICENSURE									
State :			License Number:			Expires:			
State :			License Number:			Expires:			
REFERENCES									
<i>Please list three professional references. (no family members; one co-worker and one Supervisor)</i>									
Full Name			Relationship						
Company			Phone						
Full Name			Relationship						
Company			Phone						
PREVIOUS EMPLOYMENT									

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date