



APPLICATION

LAST NAME: _____ FIRST NAME: _____ SOCIAL SECURITY NO.: _____
 STREET ADDRESS: _____ CITY: _____ APT: _____ HOME PHONE: _____
 OVER 18: E-MAIL ADDRESS: _____ STARTING DATE: _____ DAYS AVAILABLE: _____ SHIFT AVAILABLE (CIRCLE EACH): _____ YES NO
 LICENSE/CERTIFICATE NUMBER: _____ TYPE: _____ STATE: _____ EXPIRES: _____ NAME ON LICENSE/CERTIFICATE: _____ M T W T H F S S 7-3 3-11 11-7 12H 8H LIVE-IN _____ CAR AVAILABLE
 DRIVERS LICENSE NUMBER: _____ DRIVERS LICENSE STATE: _____ CURRENTLY EMPLOYED
 WORK FOR A TEMPORARY SERVICE BEFORE

REFERRAL SOURCES:
 City News Comm. News Mailer N/sg. Spec. Internet Friend Other: _____

EDUCATION
 NAME: _____ ADDRESS: _____ PHONE: _____ DIPLOMA OR DEGREE: _____ COURSE OF STUDY: _____
 HIGH SCHOOL: _____
 NURSING SCHOOL: _____
 COLLEGE OR TECHNICAL SCHOOL: _____

EMPLOYMENT HISTORY (5 TO 7 YEARS)

FROM	TO	EMPLOYER	ADDRESS	SUPERVISOR AND PHONE #	POSITION	WAGE	REASON FOR LEAVING	RESULTS OF CHECK

FOR OFFICE USE ONLY Date: ____ / ____ / ____ Please answer the below listed questions and sign and date your application

INTERVIEWER'S SIGNATURE: _____ TITLE: _____

PERSONAL APPEARANCE	ATTIRE	POISE	MANNER	VOICE	PERSONALITY	ALERTNESS	ATTITUDE	YES	NO
WELL GROOMED	WELL DRESSED	EXCELL.	EXCELL.	POOR ENGLISH TONE PLEASING	EXCELL.	ABOVE AVERAGE	ENTHUSIASTIC	<input type="checkbox"/>	<input type="checkbox"/>
NEAT	GOOD	GOOD	COURTEOUS	VERY PLEASING	VERY LIKABLE	AVERAGE	LIKES OUR ARRANGEMENT	<input type="checkbox"/>	<input type="checkbox"/>
AVERAGE	MODEST	AVERAGE	AVERAGE	SOFT	PLEASANT	SLOW	NON-COMMITTAL	<input type="checkbox"/>	<input type="checkbox"/>
SLOPPY	POOR	ILL AT EASE	FAIR	HARSH IMPEDIMENT	AVERAGE	DULL	DUBIOUS	<input type="checkbox"/>	<input type="checkbox"/>
SMELLS	GAUDY	AWKWD	POOR		DULL	ROUGH	ANTIAGONISTIC	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been denied a bond? YES NO
 Have you ever been convicted of a crime? YES NO
 Have you had any previous involvement as a defendant in a professional malpractice litigation? YES NO
 Are you currently involved as a defendant in a professional malpractice litigation? YES NO

APPLICANT'S SIGNATURE: _____ DATE: ____ / ____ / ____
 ALTERNATIVE CARE SYSTEMS, INC./ACCESS NURSING SERVICES is an equal opportunity employer. Federal law prohibits discrimination in employment practices because of race, religion, sex, age or national origin. No question in this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, creed, color, national origin, sex, age, disability, marital status, sexual orientation or citizenship status.