

BestCare Nurses Inc.

Mail to:
P.O. Box 577
Manchester, MD 21102-0577
Or Fax to: 410-374-3367

THE COMPANY WILL CONSIDER THIS APPLICATION ACTIVE FOR THE POSITION APPLIED FOR 3 MONTHS AFTER RECEIPT. THEREAFTER YOU MUST REAPPLY IF YOU CONTINUE TO BE INTERESTED IN EMPLOYMENT.

PLEASE READ CAREFULLY. ANSWER ALL QUESTIONS. PRINT CLEARLY IN INK. IF A CURRENT, TYPED RESUME IS AVAILABLE, PLEASE ATTACH IT AND FILL IN ONLY THE FIRST PAGE OF THIS APPLICATION AND SIGN THE LAST PAGE.

Today's Date	Have you ever been employed by BestCare Nurses?
	No Yes: Position: Date: to

PERSONAL INFORMATION

Last Name	First Name	Middle	SSN
Home Address: Street, City, State, ZIP			
Home Phone	Other Phone (Cell, Work, etc.)		Are you 18 years of age or older?
			Yes No
Are your employment references, educational references, or personal references under any other name?			
Can you submit verification of your legal right to work in the United States should your application be accepted?			
Yes		No	
Have you ever been convicted of a felony, misdemeanor, or any type of Medicare or Medicaid fraud or abuse?			
Yes Details:		No	
Have you ever had a certificate or professional license, related to the position applied for, revoked, suspended, or receive disciplinary action from a state agency?			
Yes Details:		No	
Hep B vaccine is not required for employment. Have you had the Hep B vaccine?		Would you like the Hep B vaccine?	
Yes No		Yes No N/A	
How did you hear about BestCare Nurses?			
Advertisement	Employee Referral – Who?:		Other:

JOB INTEREST

Position Desired	Date Available	Desired Wage
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DATES AND HOURS PREFERRED

Full Time	Part Time	Days	Evenings	Nights	Weekends
Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

Are the any days/times when you are NOT available? List all below:

EDUCATIONAL RECORD

Circle Highest Grade completed:				Circle Highest College Completed			
6 7 8 9 10 11 12				1 2 3 4 5 6 7 8			
Name, City, State of schools attended		Major Field	Degree	Years: To - From		Graduation Date	
High School							
College or University							
Technical or Vocational School							

PROFESSIONAL LICENSES / CERTIFICATIONS

Type and Number	State Issued	Date Issued	Expires on

OUTSIDE INTERESTS: WORK RELATED

Please list job related organization, clubs, professional societies, or other associations to which you belong. (You may omit those that indicate race, religious affiliation, creed, color, national origin, sex, or disability).

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PROFESSIONAL REFERENCES

List 3 professional references not related to you whom you have worked with in the past 5 years.

Name			Relationship			Years Known		
Address						Phone		
Name			Relationship			Years Known		
Address						Phone		
Name			Relationship			Years Known		
Address						Phone		

WORK HISTORY

May we contact your current employer?	Yes	No
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List your last or present employer first and account for any lapse of time between employment. List at least two employers or employment history of 5 years whichever is greater.

Employer		Employment Dates: From: _____ To: _____	
Address: street, city, state			Phone
Positions/titles held	Starting wage	Ending wage	
Supervisor's name and title	Administrator or manager name		
Briefly describe your duties:			
Reason for leaving			

Employer		Employment Dates: From: _____ To: _____	
Address: street, city, state			Phone
Positions/titles held	Starting wage	Ending wage	
Supervisor's name and title	Administrator or manager name		
Briefly describe your duties:			
Reason for leaving			

Employer		Employment Dates: From: _____ To: _____	
Address: street, city, state			Phone
Positions/titles held	Starting wage	Ending wage	
Supervisor's name and title	Administrator or manager name		
Briefly describe your duties:			
Reason for leaving			

EMPLOYMENT UNDERSTANDING (Please Read and Sign)

This corporation does not discriminate in hiring or any other decision on the basis of race, color, sex, nationality, ancestry, veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

YOU AGREE TO THE FOLLOWING:

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release all liability or responsibility all persons, companies, or corporations supplying such information. I consent to take a physical examination, drug screening test, and such future physical examinations as may be required by this institution at such times and places as relates to essential duties I would be required to perform.

I certify that the statements contained herein are true to the best of my knowledge and belief. I understand that any false or misleading statement, receipt of unsatisfactory references, and unsatisfactory result of drug screening test, or an unsatisfactory result of a criminal background check, or an unsatisfactory result of the prescribed physical examination which reveals that I cannot perform the essential functions of my job with our without accommodation may prevent or result in termination of employment. I will not seek nor accept employment from a BestCare Nurses, Inc. client for two years after completing assignment with BestCare Nurses, Inc.

I understand that employment with BestCare Nurses Inc. is at will and that either BestCare Nurses Inc. or I may terminate the employment relationship at any time, with or without cause. I further understand that neither this application nor any other BestCare Nurses Inc. communication I may receive constitutes an employment contract.

I authorize Best Care Nurses, Inc. to forward all personal employment records to prospective health care institution clients, upon their request. I agree to allow BCN to process a criminal background investigation. I understand and agree that BestCare Nurses, Inc. does not authorize employee to operate motor vehicle in connection with assignment.

DRUG FREE POLICY: I understand that BestCare Nurses, Inc. is a **DRUG FREE** workplace/environment. Unsatisfactory compliance with BestCare Nurses, Inc. Drug Free Policy will result in termination. I agree to take a 5 panel drug test prior to accepting employment with BCN.

Applicant's Signature

Date

ADDITIONAL COMMENTS

PLEASE ATTACH A COPY OF YOUR CPR CARD, LICENSE, DRIVER'S LICENSE, AND SOCIAL SECURITY CARD