



## APPLICATION FOR EMPLOYMENT

Thank you for your interest in joining MediTech Health Services, Inc. Please fill out all pages of the application for employment prior to your interview. You may attach a resume, but you must complete the application. MediTech Health Services, Inc. is an equal opportunity employer. Your Application will be considered without regard to race, color, creed, age, sex, national origin, or disability. **When you finish this application, please choose File > "Save As" to preserve information and create your own copy of the file.**

### PERSONAL INFORMATION:

LAST NAME, FIRST NAME, MIDDLE NAME		DATE OF BIRTH
MAILING ADDRESS, CITY, STATE &, ZIP	TELEPHONE	LIST FOREIGN LANGUAGES
CURRENT ADDRESS IF DIFFERENT FROM ABOVE	SECONDARY PHONE NUMBER	ARE YOU A U.S. CITIZEN? _____ YES _____ NO
HOW DID YOU HEAR ABOUT MEDITECH?  FORMER MEDITECH EMPLOYEE? _____ YES _____ NO	DATE AVAILABLE	IF YOU ARE NOT A U.S. CITIZEN, WHAT TYPE OF VISA DO YOU HAVE?

### EDUCATION:

	DEGREE/DIPLOMA	MAJOR	SCHOOL NAME AND STATE	DATES ATTENDED
NURSING SCHOOL				
UNIVERSITY				
JR/TECH COLLEGE				
HIGH SCHOOL				

**EDUCATION (Continued):**

CHECK ALL DEGREES/CERTIFICATES EARNED:

RN \_\_\_\_\_ BSN \_\_\_\_\_ MSN \_\_\_\_\_ LVN \_\_\_\_\_ CNA \_\_\_\_\_ HHA \_\_\_\_\_ MA \_\_\_\_\_ OTHER \_\_\_\_\_

1. Have you ever been barred from practice of your profession at any time or has your professional license ever undergone investigation, suspension, or revocation? \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

2. Have you ever been convicted of a felony? \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

3. Have you ever been convicted of Medicare or private insurance fraud? \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

4. Have you ever been the defendant in malpractice litigation? \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

IF YOU ANSWERED YES TO ANY OF THESE FOUR QUESTIONS, PLEASE EXPLAIN ON A SEPARATE, SIGNED SHEET OF PAPER.

**PROFESSIONAL CREDENTIALS / CERTIFICATIONS:**

LICENSE/CERT. NUMBER	STATE:	EXP. DATE	LICENSE/CERT. NUMBER	STATE:	EXP. DATE
LICENSE #			ACLS		
LICENSE #			CCRN		
CPR			CHEMO		
PALS			NRP		
NALS			OTHER		

**REFERENCES:** (List two (2) references, not related to you, whom you have been acquainted with professionally for at least one year.)

Name, Address, Phone, Yrs Acquainted

**EMPLOYMENT HISTORY:** (List your experience over the past 7 years; begin with your current or last employer)

EMPLOYER:		ADDRESS:	
PHONE NUMBER:		POSITION:	
STARTING / ENDING SALARY:	JOB RESPONSIBILITIES:	START DATE:	END DATE:
SUPERVISOR'S NAME & TITLE:		PHONE NUMBER:	
MAY WE CONTACT YOUR EMPLOYER? ___YES ___NO			

EMPLOYER:		ADDRESS:	
PHONE NUMBER:		POSITION:	
STARTING / ENDING SALARY:	JOB RESPONSIBILITIES:	START DATE:	END DATE:
SUPERVISOR'S NAME & TITLE:		PHONE NUMBER:	
MAY WE CONTACT YOUR EMPLOYER? ___YES ___NO			

EMPLOYER:		ADDRESS:	
PHONE NUMBER:		POSITION:	
STARTING / ENDING SALARY:	JOB RESPONSIBILITIES:	START DATE:	END DATE:
SUPERVISOR'S NAME & TITLE:		PHONE NUMBER:	
MAY WE CONTACT YOUR EMPLOYER? ___YES ___NO			

I authorize MediTech Health Services, Inc. to investigate my employment history, credentials, personal character, habits, abilities, and health and obtain any relevant information (including a criminal and abuse background check) needed to make my employment decision. I authorize MediTech Health Services to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes; this also includes disclosure of any of my performance appraisals, disciplinary records or skills tests for the same purpose as above. I release MediTech Health Services, Inc. and any individual or entity providing information to MediTech Health services from all liability for any damages from the disclosure of this information. I understand and agree that, if hired, my employment is for no definite period and is based on the mutual consent. Accordingly, the employment relationship can be terminated at will, with or without advance notice, at any time. I certify that the information contained in this application is true, and I understand that any misrepresentation or willful omission of the facts is cause for immediate termination.

Signature of Applicant	Date
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**WORK AVAILABILITY:**

<p><b>Based on at least one year current and relevant experience is required.</b></p> <p><b>What are the areas you prefer to work?</b>                  1<sup>st</sup> _____ 2<sup>nd</sup> _____ 3<sup>rd</sup> _____                  4<sup>th</sup> _____</p>
<p><b>What shift do you prefer?</b>                  7a-7p ___ 7p-7a ___ 7a-3p ___ 3p-11p ___ 11p-7a ___ Other _____</p>
<p><b>Are you applying for a traveling nurse assignment?</b> _____yes _____no  <b>If so, how many weeks would you prefer the assignment to be?</b>                  6 weeks _____ 13 weeks _____</p>