

***Personal Information***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License Number / State \_\_\_\_\_

Phone Number #1 \_\_\_\_\_ Phone Number #2 \_\_\_\_\_

E-mail \_\_\_\_\_ Social Media \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

In case of an emergency, contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone Number #1 \_\_\_\_\_ Phone Number #2 \_\_\_\_\_

Were you referred by someone? \_\_\_\_\_ If yes, whom? \_\_\_\_\_

***Position***

Profession: \_\_\_\_\_ Specialty: \_\_\_\_\_

Please write your name (with. Credentials) as you'd like it to appear on your Name Tag.

Name Tag: \_\_\_\_\_

***Education***

	Name and Location	Year Graduated	Diploma/Degree Earned
High School	_____	_____	_____
College	_____	_____	_____
Graduate	_____	_____	_____

***Credential -School and NBRC***

Name on Credential \_\_\_\_\_ State \_\_\_\_\_

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credential \_\_\_\_\_ State \_\_\_\_\_

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

***Licensure***

( CA Board )

Name on License \_\_\_\_\_ State \_\_\_\_\_

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on License \_\_\_\_\_ State \_\_\_\_\_

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

***Certifications***

(BLS, ACLS, PALS, NRP) Only by The American Heart Association

Type of Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type of Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type of Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type of Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_

***Additional Background Information***

Are you eligible to work in the US?  Yes  No

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

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

Have you ever been named as a defendant in a professional liability action?  Yes  No

*\*If you have answered yes to any of the above questions, please attach a separate sheet of paper with a full explanation, including dates and current status.*

***Work Preferences***

Day of the week:  M  T  W  TH  F  S  S

Shifts: DAYS  EVES  NOCS  8 Hrs  12 Hrs

***Attestation***

I attest that I am the applicant and the information I have provided in this application is true and accurate, to the best of my knowledge. I understand that any falsification or misrepresentation of facts provided by me for the purpose of obtaining employment with Health Management Solutions, Inc. (HMS) may result in disqualification for hire or termination of employment should a job offer be made. I authorize HMS to conduct a background search and to verify all my information provided. I authorize HMS to release all my provided documentation including medicals, references, etc., to be shared with clients, and auditing bodies such as governmental or licensing entities.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_