

Previous Work Experience

1.	Place of Employment: _____ From Date: _____ To Date: _____ Address: _____ City/State/Zip: _____ Phone Number: _____ Position Title: _____ Reason for Leaving: _____ Job Duties: _____ May we contact for References? _____ Yes _____ No If no, reason: _____ Contact Person: _____ Phone Number: _____ E-mail Address: _____
2.	Place of Employment: _____ From Date: _____ To Date: _____ Address: _____ City/State/Zip: _____ Phone Number: _____ Position Title: _____ Reason for Leaving: _____ Job Duties: _____ May we contact for References? _____ Yes _____ No If no, reason: _____ Contact Person: _____ Phone Number: _____ E-mail Address: _____
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Licensing Information (Clinical Applicants Only)

License:

Type: _____ State: _____ Date Issued: _____ Expiration Date: _____ License#: _____

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Please answer each of the following questions (If you answer "Yes" to any question, provide details on a separate sheet – clinical only):

1. Have any disciplinary actions been taken or are any pending against you by any state license board? _____ Yes _____ No
2. Has your license to practice in any state ever been limited, suspended or revoked? _____ Yes _____ No
3. Have you ever been suspended or otherwise restricted from participating in any private, federal or state health insurance program (i.e.: Medicare, Medicaid)? _____ Yes _____ No
4. To your knowledge, have you ever been the subject of an investigation by any private, federal or state agency concerning your participation in any private, federal or state health insurance program? _____ Yes _____ No
5. Have you had any voluntary termination of professional licensure and/or registration? _____ Yes _____ No

Acknowledgement, Consent & Authorization of Applicant

I understand and agree that as an applicant for employment, I have the burden of producing adequate information for proper evaluation of my competence, character, ethics and other qualifications.

All information in this application is true to the best of my knowledge and belief. I fully understand that any significant misstatement in or omission from this application may constitute cause for denial of employment or cause for dismissal from the staff in accordance with the by-laws, rules and regulations.

I authorize investigation of all statements contained herein and the employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Harbour Private Duty Nursing, LLC from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Harbour Private Duty Nursing, LLC has any authority to enter into any agreement for employment for any specified period of time, or to make an agreement contrary to the foregoing, unless it is in writing and signed by an authorized Harbour Private Duty Nursing, LLC representative. I understand that employment with Harbour Private Duty Nursing, LLC is for no specific term and can be affected by many factors including business/economic conditions, changes in laws or employment policies, conformity to work rules, job performance, etc. Employment may be terminated by either party with or without notice or cause at any time.

Harbour Private Duty Nursing, LLC complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential in separate files.

Harbour Private Duty Nursing, LLC conducts our business with the highest degree of safety and efficiency. We will require applicants for employment to undergo a drug screening process.

Harbour Private Duty Nursing, LLC is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. We assure you that your opportunity for employment with this organization depends solely on your qualifications.

THIS APPLICATION WILL REMAIN ACTIVE FOR 60 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND 60 DAYS SHOULD RE-APPLY.

Applicant Signature

Date

Applicant Printed Name