



An Equal Opportunity Employer

(PLEASE PRINT)

Last Name		First Name		Middle Name	Telephone Home () Work ()	
Street Address				City	State	Zip Code
Any Other Name by Which Known		Driver's License Number and State		Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number
Position(s) Preferred		1.		2.		
Can you upon hire, provide proof of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Current Salary:	Expected Salary:	Last Salary Increase Date
Type of Employment Desired: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Preferred Shifts: Weekdays <input type="checkbox"/> Week-Ends <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/>		Have you ever been previously employed by Home Nursing, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No From: _____ To: _____			Date Available for Work	
Have you ever been granted a security clearance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate the level of clearance and if the clearance is still active.						
Do you have any physical condition which may limit your ability to perform the job for which you are applying: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:						
Name and Location of School	GRADUATE		Degree Earned	Date Granted	Course of Study/Major	Grade Point Average
	Yes	No				
High School or G.E.D.						
College						
Advanced Degree						
Other Training						
Additional Education, Training, Professional Activities or Accomplishments, Skills, or Certificates:						
List academic achievements, thesis project, patents, publications or activities you consider significant. (Attach separate sheet if necessary.)						
Have you ever been convicted of a criminal offense? (Omit traffic violations or convictions for which the record has been sealed or expunged by court order or any misdemeanor conviction for which the probation has been completed and the case has been judicially dismissed.) <input type="checkbox"/> Yes <input type="checkbox"/> No						
How were you referred to Home Nursing, Inc.? <input type="checkbox"/> Referral by Employee: _____ <input type="checkbox"/> Newspaper/Journal: _____ <input type="checkbox"/> Other: _____						
Do you have any relatives who work for Home Nursing, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Skills – The appropriate questions are to be completed if you are applying for a clerical/secretarial job or a job in staffing operations.						
Computer Experience <input type="checkbox"/> Yes <input type="checkbox"/> No				Typing Speed _____ wpm		
Other Training/Experience (Clerical, Office Machines, etc.)						
List hardware/software skills						



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EMPLOYMENT HISTORY

Most Recent Employer		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone (work)	Supervisor's Name		Date Employed (MO/YR) From: To:	
Street Address			City	State	Zip Code	Your Position	
Base Salary Indicate if: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Start _____ Final _____				Reason for Leaving (Attach separate sheet if needed)			
Describe Major Work Duties (Attach separate street if needed)							
Second Most Recent Employer		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone (work)	Supervisor's Name		Date Employed (MO/YR) From: To:	
Street Address			City	State	Zip Code	Your Position	
Base Salary Indicate if: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Start _____ Final _____				Reason for Leaving (Attach separate sheet if needed)			
Describe Major Work Duties (Attach separate street if needed)							
Third Most Recent Employer		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone (work)	Supervisor's Name		Date Employed (MO/YR) From: To:	
Street Address			City	State	Zip Code	Your Position	
Base Salary Indicate if: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Start _____ Final _____				Reason for Leaving (Attach separate sheet if needed)			
Describe Major Work Duties (Attach separate street if needed)							
Fourth Most Recent Employer		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone (work)	Supervisor's Name		Date Employed (MO/YR) From: To:	
Street Address			City	State	Zip Code	Your Position	
Base Salary Indicate if: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Start _____ Final _____				Reason for Leaving (Attach separate sheet if needed)			
Describe Major Work Duties (Attach separate street if needed)							
Please give us the NAMES, and BUSINESS TELEPHONE NUMBERS of people who are familiar with your WORK EXPERIENCE and TECHNICAL COMPETENCE in the job for which you are applying, preferably technical associates with whom you have worked and give Home Nursing, Inc. permission to contact. (DO NOT LIST PERSONAL REFERENCES.)							
Name	Business/Professional Relationship	Company		Title	Business Telephone		
Name	Business/Professional Relationship	Company		Title	Business Telephone		

1325 G Street NW, Suite 500, Washington, DC 20005
Phone 202-765-3101 Fax 202-888-2988
homecare-dc.com



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Please fill in calendar years of experience if you are applying for a clinical position.

Home Care Nursing _____	Maternal Child Health _____	Medical Surgical _____
Community Health _____	Assisted Living _____	Psychiatric Nursing _____
Field Nurse _____	Emergency Room _____	Occupational Health _____
Assisted Living _____	Medical Surgical Unit _____	Rehabilitation Unit _____
Detox Drug/Alcohol _____	Private Duty Nursing _____	Recovery Room _____
Emergency Room _____	Dialysis _____	Step Down Unit _____
IV Therapy _____	Pulse Oxymetry _____	Case Management _____
Wound VAC _____	Blood Draws _____	Medication Aide _____
Tracheostomy Care _____	ICD-9 Coding _____	Supervision _____
Colostomy Care _____	Clinical Record Review _____	Care of Artificial Drainage Tubes _____
PICC Line care _____	Wound Care _____	Hyperalimantation _____

For Professional and Managerial positions, please complete the following:

I am am not subject to an employment agreement or other non-compete agreement which would impact my accepting employment with Home Nursing, Inc.

Authorization and Acknowledgement

I hereby give Home Nursing, Inc. the right to make a thorough investigation of my past employment, education and activities and release from all liability whatsoever all persons, companies, and corporations supplying such information. I expressly agree to indemnify the Company against any liability, which might result from making such investigation. I understand that any false answers, statements or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an Interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reasons, and that the Company retains a similar right. I have no objection to making application for security clearance, if necessary, signing an employee agreement on confidential information and inventions, or taking a medical examination.

I also agree to provide, if necessary, the results of a physical examination completed no more than six months ago, at no cost to Home Nursing, Inc. I also authorize Home Nursing, Inc. to release such medical information as may be necessary to their clients for the purpose of obtaining approval of my assignment to a client's facility.

I understand and agree that I may be required to take a skills assessment examination.

My signature below is an acknowledgement that I have fully read, understand and agree with all terms and conditions of this application.

Signature of Applicant

Date