



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (Last)	Maiden Name	First Name / Middle Initial
Street Address	City	State / Zip Code
Mailing Address	Social Security Number	Position Applying For
Phone	Cell Phone	Emergency Phone Number
Salary Required (per hour)	Current Employer & Position	Current Salary
Referred By	Ever Applied Here Before	If Yes, When
Special Training	Where	When

EDUCATION

High School	Location	Years Attended	Did You Graduate?
College			
Vocational / Adult Education			

GENERAL INFORMATION

Please provide all information or formal training which you believe has prepared you for this line of work (include work with the elderly or the infirm), length of time and situation.

FORMER EMPLOYERS (List Last One First)

Dates From / To	Employer Name / Address	Telephone	Salary	Position	Reason for leaving

Why do you want to work for Nightingale's?

How did you hear about Nightingale's?



Application For Employment
Equal Opportunity Employer

Character References (Do Not Use Family Members)

Name	Phone Number(s) REQUIRED	Years Known / How Acquainted

List your personal career goals

Have you been convicted of a crime within the last 10 years ? _____ YES _____ NO If yes, please describe

Telephone, transportation & driver's license are essential to home care.
 I certify that I have dependable transportation _____ YES _____ NO
 I certify that I have access to a telephone for easy communication _____ YES _____ NO
 I certify that I have a valid driver's license _____ YES _____ NO
 I certify that I have an insured vehicle _____ YES _____ NO

I understand that I cannot work in any private capacity for clients assigned to me by Nightingale's. _____ YES _____ No

I certify that if I have ever had a workman's compensation case against an employer for personal injury that I am 100% cleared by my physician to return to work.
 _____ YES _____ NO

I understand that my job is not complete until I turn in my Care Plan/Time Sheet and agree to do so prior to receiving payment from Nightingale's
 _____ YES _____ NO

I understand that dependability is extremely important to home care. I will notify the office at least 3 days prior to requesting time off.
 _____ YES _____ NO

I understand that clients have the option of refusing my services at any time and this may be of no fault of Nightingale's _____ YES _____ NO

I understand that I will be required to participate in 10 hours of in service training annually and will attend mandatory meetings.
 _____ YES _____ NO

I certify that I have no prior mental or physical impairments that will affect or limit my work capabilities for any assignments.
 _____ YES _____ NO

I agree to accept responsibility for working safely. _____ YES _____ NO

I agree to never accept money or tips of any kind from a client without Nightingale's permission. _____ YES _____ NO

I understand that asking to borrow money from a client is grounds for immediate termination _____ YES _____ NO

Nightingale's provides services to the following Counties. Please circle and initial all of those in which you are willing to work.

Florence	Marlboro	Dillon	Marion	Williamsburg	Lee
Lexington	Fairfield	Chester	Horry	Georgetown	Dorchester
Lancaster	Clarendon	Sumter	Kershaw	Chesterfield	Darlington
Colleton	Berkley	Charleston	Richland	York	Orangeburg

I am willing to work within a 50 mile radius of the circled counties . _____ YES _____ NO

Authorization: I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of my background through SLED checks and all other information provided and release Nightingale's from all liability from any damage that may result from using such information. I also understand and agree that no representative of Nightingale's has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing, unless in writing and signed by an authorized Nightingale's representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE: _____ DATE: _____