



## EMPLOYMENT APPLICATION

Please Print Clearly and Return to Cardinal Healthcare  
 Fax: (248) 601-2420  
 Mail: 1122 Harding Avenue Rochester Hills, MI 48307

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Classification: RN \_\_\_\_\_ LPN \_\_\_\_\_ Cert. HHA \_\_\_\_\_ Other \_\_\_\_\_  
 Position applying for: \_\_\_\_\_  
 How did you learn of our agency: \_\_\_\_\_  
 Date Available to Work: \_\_\_\_\_ Do you own a car: \_\_\_\_\_  
 Shift Preference: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Can you prove you are eligibility to work in the United States: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you have any physical or mental impairments: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes explain: \_\_\_\_\_  
 Have you received compensation for injuries: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever been convicted of a crime, excluding misdemeanors: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes explain: \_\_\_\_\_  
 Have you applied to Cardinal Healthcare in the past: Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that in processing my application with Cardinal Healthcare, llc an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, personal references, and other job related data provided on this application, or via the interview process. I authorize appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquires or disclosures. A consumer report may be generated summarizing this information.

I further understand and waive my right of privacy in this investigation and release and hold harmless Cardinal Healthcare, llc from any liability.

I agree that any decision to hire me is contingent upon the results of my report and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment. If employed, I further authorize Cardinal Healthcare, llc to check my conviction records, as needed, on a continuous basis as it relates to my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## EDUCATION

Name and Location of School	Graduated (Date)	Type of Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## LICENSURE

(Please list all including expired)

Professional License/ Technical Certificate	#	State	Exp. Date
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Which of these license is your original state of licensure? \_\_\_\_\_

Has your license or certificate ever been under investigation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Has your license ever been revoked or under suspension? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

## PROFESSIONAL CERTIFICATIONS

Type	_____	Exp. Date	_____
Type	_____	Exp. Date	_____
Type	_____	Exp. Date	_____
Type	_____	Exp. Date	_____

## RESUSCITATION CREDENTIALS

Please indicate your resuscitation credential(s) by placing the expiration date next to the appropriate credential below.

ACLS	Exp. Date	_____	BCLS	Exp. Date	_____
Other	Exp. Date	_____			

## PROFESSIONAL EDUCATION

Course Name	Date	CEUs Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PREVIOUS EMPLOYMENT

Please list your most recent employer first

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

Are you employed now? Yes \_\_\_\_\_ NO \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed \_\_\_\_\_

Reported to: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed \_\_\_\_\_

Reported to: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed \_\_\_\_\_

Reported to: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed \_\_\_\_\_

Reported to: \_\_\_\_\_ Salary: \_\_\_\_\_

## PERSONAL REFERENCES

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_