



EMPLOYMENT APPLICATION

Please Print Clearly and Return to Cardinal Healthcare

Fax: (248) 593-9910

Mail: 2012 Hazel St. Birmingham, MI 48009

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: _____