



# Specialty

Integrity ○ Customer Service ○ Innovation ○ Teamwork

## JOB APPLICATION

Name/Address			
Last:	First:	MI:	SSN:
Street Address:		How long have you lived at this address?	
City/State/Zip:		Phone:	
Previous Street Address: City/State/Zip		How long did you live at this address?	
Other name used when employed:	E-mail address:	Cell Number:	
Desired Employment			
Position:	Date you can start:	Desired salary:	
Are you currently employed?	If YES, may we contact your current employer?	Have you applied at this company before? When?	
Education			
High School:	Name and location:		
	Years attended/completed	Graduation Date:	
University/College Undergraduate	Name and location:		
	Years Attended Degree Completed:	Graduation Date:	
University/College Graduate	Name and location:		
	Years Attended Degree Completed:	Graduation Date:	
Trade, Business or Correspondence School	Name and location:		
	Years Attended Degree Completed:	Graduation Date:	
Are you currently attending school?	Yes	Name of Institution:	Day Classes <input type="checkbox"/>
	No		Evening Classes: <input type="checkbox"/>
List certifications and/or Professional licenses	License/certification:		State:      Exp. Date:
	License/certification:		State:      Exp. Date:
	License/certification:		State:      Exp. Date:

## Employment History: Use additional paper if necessary (most recent first)

Employer:		Job Title:	
Address:		Job duties:	
City/State/Zip:		Phone:	Fax:
Date Started:	Date Ended:	Salary:	Reason for leaving:
How were your wage increases determined?		Supervisor:	
Employer:		Job Title:	
Address:		Job duties:	
City/State/Zip:		Phone:	Fax:
Date Started:	Date Ended:	Salary:	Reason for leaving:
How were your wage increases determined?		Supervisor:	
Employer:		Job Title:	
Address:		Job duties:	
City/State/Zip:		Phone:	Fax:
Date Started:	Date Ended:	Salary:	Reason for leaving:
How were your wage increases determined?		Supervisor:	
Employer:		Job Title:	
Address:		Job duties:	
City/State/Zip:		Phone:	Fax:
Date Started:	Date Ended:	Salary:	Reason for leaving:
How were your wage increases determined?		Supervisor:	

## Personal References: List persons you have known for at least one year or more. Do not list relatives or past employers as references.

Name		Address:	
Nature of Relationship:	Home Phone:	Work Phone:	How long have you know this person?
Name		Address:	
Nature of Relationship:	Home Phone:	Work Phone:	How long have you know this person?

## Additional Areas of Experience: Special skills

List machines, computer skills, applications, Office Machines, etc :

List Foreign Languages you speak fluently:

Write?

Read?

Military Service:

Rank:

Present membership in the National Guard or Reserves:

## Additional Information

A criminal history check may be required for the position for which you are applying.

Have you ever been convicted of a crime (felony or misdemeanor)? YES  NO

List all convictions showing offenses and dates. (Only those Job Related convictions will be considered for employment eligibility and will not necessarily bar you from employment. We will take into consideration the type of offense and its relationship to the job.

Have you ever been discharged or asked to resign from any position? YES  NO

If Yes, please explain:

Have you ever had a professional license or certification revoked/suspended? YES  NO

If Yes, please explain:

In case of emergency notify: Name: Relationship: Phone:

## Conditions of Employment

Are you a citizen of the United States? YES  NO

Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents, which are specified by the Federal Government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two hours after commencement of employment. You will also be required to sign Form I-9 (issued by the government) verifying, under oath, your employment authorization.

Do we have your permission to contact all given references: YES  NO

If no, indicate which references and state the reason:

I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and I release all parties from liability, for any damage that may result from furnishing the same to you. I understand that my employment is at will and that I may resign my employment at any time and that the company may terminate my employment at any time, with or without cause.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS AND CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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

**Making a positive impact in the health and lives of the people we serve.**

# Specialty

## Reference Request Form (fill out top portion)

I hereby authorize Specialty to request from the named below, given by me as a reference, any information that Specialty deems necessary concerning me and/or my employment. I hereby request that the below named reference answer all questions that may be asked when contacted. Further, I release the below named reference from any and all responsibility in supplying the requested information.

Reference requested from:

Company Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Applicant's SSN#: \_\_\_\_\_

Position held: \_\_\_\_\_

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The above applicant has applied to Specialty for the following position: \_\_\_\_\_  
Please confirm that he/she was known by you, employed by your company, and the dates of employment. We assure you that this reply will be held in strict confidence.

PERFORMANCE RATING: 1 - 10 (with 1 being the lowest)

Please rate the following aspects of performance:

Reliability		Attendance		Organizational Ability	
Relationship with co-workers		Job knowledge		Quality of Work	
Initiative		Courtesy		Attitude toward Supervision	
Quality of Work		Appearance		Ability to Work Independently	
Overall Work Performance					

Reason for leaving: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Would you rehire? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Signature of Reference Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Evaluator: \_\_\_\_\_  
reference request.wpd

Revised:09-24-1999

THANK YOU!!!  
FORM# 1112

# Specialty

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Position held: \_\_\_\_\_

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Dates of Employment: \_\_\_\_\_ Would you rehire? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Signature of Reference Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Evaluator: \_\_\_\_\_  
reference request.wpd

Revised:09-24-1999

THANK YOU!!!  
FORM# 1112

## Employee Skills Information

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Check any skills the apply to you and years of experience:

Training / Skills	YES	# Yrs		YES	# Yrs
Associate Degree: (List):			Bachelors Degree: (List):		
Medicare/Medicaid Billing			Masters Degree: (List):		
Insurance Billing			IV Certified		
PC Anywhere			Cardiac Nursing		
Computer Hardware Experience:			Post Cataract Care		
Computer Programing Experience			Catheter change/care		
MS Excel			Central Line		
MS Word			Chemotherapy Admin		
MS Presentation			CPR Instructor		
MS Access			ACLS Certified		
Access Report Writing			Venipuncture		
Outlook			Wound Care		
Email			Hospice/Terminally Ill		
Internet Searching etc			ICU/ER Experience		
QuickBooks			Diabetic Nursing		
Word Perfect			Rehab/Ortho Nursing		
Print Shop			Oncology Nursing		
Vivid Care			Pediatric Nursing		
Medical Records			Psychiatric Nursing		
ICD9 Coding			Chest PT		
Payroll Experience			PICC Line care		
Human Resources			Gerontology		
Lab Tech			Ostomy Care		
EKG Tech			Trach Care		
Certified Home Health Aide			Ventilator Care		
QMA			Hoyer Lift		
CNA			OB Nursing		
LPN			Bowel Training		
Staffing/Scheduling Coordination			Case Management		

Other Skills: \_\_\_\_\_

## **SPECIALTY'S PURPOSE**

To make a positive impact in the health and lives of the people we serve.

## **SPECIALTY'S VALUES**

### **Integrity**

honest, ethical, professional, accountable, treats others with dignity, respectful, loyal

### **Customer Service**

exceeds customer expectations, friendly, flexible, adaptable, committed, compassionate, dependable

### **Innovation**

forward thinking, seeks knowledge, self-motivated, positive "nothing is impossible" attitude, thinks 'out of the box', uses latest technology

### **Teamwork**

follow thru, commitment to the team, communication with the team, respect, dedication to the goal

## **Specialty's Mission Statement**

We believe that all persons are precious in God's sight. Our mission is to provide the highest quality health care possible to all our patients. We strive to serve the community of patients we receive with love, respect, honesty, dignity, and commitment. It is our goal to care for families and for the whole person in his own environment. We believe that working with a servant's heart, at every level of our company, is central to our success. We are dedicated to branching out, looking for new ideas, new markets, and for trying unique ways of doing things to better serve our patients. We will use the latest technology to provide health care to all ages within our geographical region. We believe that our employees make this company a success, and so, we will serve each other within the company with love, respect, honesty, dignity, humbleness, and commitment.

Employee Signature:

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**Caring is our Specialty**

## Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Specialty Health Care and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

\_\_\_\_\_  
Initials

**All hiring and employment at Specialty Health Care is at will.** I understand this application is not an employment contract, nor can it be used to create one. Employment by Specialty Health Care has no specific term and may be terminated by the employee or Specialty Health Care with or without notice. I acknowledge that Specialty Health Care has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Specialty Health Care, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Specialty Health Care. I agree to release and hold harmless Specialty Health Care from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Specialty Health Care may be terminated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date