

APPLICATION FORM

Total MedBiz.com (TMB) is an equal opportunity employer. We comply with all applicable laws of the State of New York and the Federal Government regarding employment practices. These statutes prohibit discrimination in employment based on race, color, sex, nationality, creed, and physical or mental disability.

Last Name: _____ First Name: _____

Address: _____ Social Security #: _____

_____ Home Tel: _____

_____ Work Tel: _____

E-Mail: _____ Mobile Tel: _____

Position Applying for: _____

Specify type of work desired: _____

How did you find out about this job? _____

Specify days & shifts willing to work: _____ Are you available to work weekends? _____

Minimum acceptable salary: \$ _____ When can you begin to work? _____

Are you US citizen? () Yes () No If no, type of visa you have: _____

Note: Verification of US citizenship or US employment authorization will be required within 3 business days of the commencement of employment.

Professional Licenses:

State: _____ Number: _____ Expiration Date: _____

State: _____ Number: _____ Expiration Date: _____

State: _____ Number: _____ Expiration Date: _____

Other: _____ Number: _____ Expiration Date: _____

Nursing Specialty:

1. _____ Years of Experience: _____

2. _____ Years of Experience: _____

3. _____ Years of Experience: _____

Education:

School/College/University

Dates Attended

_____	_____
_____	_____
_____	_____
_____	_____

Other Courses/Certification: _____

Employment History:

1. Employer: _____ Dates: _____

Title: _____ Duties Performed: _____

2. Employer: _____ Dates: _____

Title: _____ Duties Performed: _____

3. Employer: _____ Dates: _____

Title: _____ Duties Performed: _____

4. Employer: _____ Dates: _____

Title: _____ Duties Performed: _____

Whom should we contact in case of emergency?

Name: _____ Tel: _____

Address: _____

Information provided in response to the following questions will not necessarily bar employment. If an answer to questions 1, 2, 4, 6, or 9 is "YES", please give full details on a separate sheet.

1. Has your clinical license to practice in any jurisdiction ever been limited, suspended or revoked?

YES NO

2. Has your clinical privileges ever been suspended, diminished, revoked or not renewed?

YES NO

3. Do you have the ability to perform all essential job functions?

YES NO

4. Have you ever been convicted of a felony or misdemeanors?

YES NO

If yes, state the offense, findings and year below.

5. List names of the relatives employed at the agency.

6. Have you ever applied for a position or been employed before at TMB?

YES NO

7. If hired, will you consent to a physical examination at any time scheduled by your supervisor?

YES NO

8. Were you in the United States Armed Forces?

YES NO

9. Have you ever missed work for more than five days?

YES NO

PLEASE READ CAREFULLY

I certify that the statements made on this application are true and correct to the best of my knowledge and belief and hereby grant Total MedBiz.com permission to verify such answers. I understand that any false statement on this application will be considered as sufficient cause for rejection of this application or for dismissal if such false statement is discovered subsequent to my employment, and background check. I understand, that if, any inquiry is made, all information as to its nature and scope will be supplied upon written request. I will have to pass a post-employment physical examination as a condition of employment. If this application is considered favorably, I agree to abide by and comply with all the employer's rules. Your ability to complete this application clearly and effectively will be considered requirement for the job for which you are applying. As a policy of our agency, employees must have the ability to travel to clients throughout our service area. If traveling by automobile, current vehicle registration, automobile insurance and driver's license must be on file. Employee agrees to the condition that TMB provides no guaranteed work hours and his/her employment is causal/intermittent per diem basis.

Signature: _____ Date: _____

PLEASE DO NOT WRITE IN THIS SPACE. FOR HUMAN RESOURCES USE ONLY

Referred for Interview: _____ Date of Interview: _____
Department number/name Status Job Title Starting Salary Starting Date Scheduled hours/shift

Additional Comments:

Verified/Reviewed by: _____ Date: _____