

APPLICATION FOR EMPLOYMENT

Golden Girls Nurse Registry, Inc.

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL-OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (Last Name First)			Social Security #	
PRESENT ADDRESS	APT.#	CITY	STATE	ZIP
PERMANENT ADDRESS	APT.#	CITY	STATE	ZIP

Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone
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DESIRED EMPLOYMENT

Position	Date You Can Start	Salary Desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your of your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

Reason for Leaving?
Name of last supervisor at this company
Who referred you to this company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend
<input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk in <input type="checkbox"/> Other

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	No of Yrs. Attended	No of Yrs. Attended	SUBJECTS STUDIED
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

GENERAL

Subjects of special study or research work
Special Training
Special Skills

FORMER EMPLOYERS

Name of present Or last employer			
Address	City	State	Zip

Starting Date	Leaving Date	Job Title
Weekly Starting Salary	Weekly Final Salary	May we contact your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor	Title	Phone

Description of Work
Reason for Leaving

Name of present Or last employer			
Address	City	State	Zip

Starting Date	Leaving Date	Job Title
Weekly Starting Salary	Weekly Final Salary	May we contact your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor	Title	Phone

Description of Work
Reason for Leaving

Name of present Or last employer			
Address	City	State	Zip

Starting Date	Leaving Date	Job Title
Weekly Starting Salary	Weekly Final Salary	May we contact your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor	Title	Phone

Description of Work
Reason for Leaving

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ, AND/OR WRITE

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

REFERENCES

Below, give the names of three person you are not related to, whom you have known at least one year.

	NAME	ADDRESS	BUSINESS	YEARS KNOWN
1.				
2.				
3.				

SERVICE RECORD

Branch of Service	Discharge Date Rank

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? Yes No

If Yes, explain (will not necessarily exclude you from consideration).

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 all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information that may have personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature _____ Date _____