



Applicant Personal Information

Date _____

Name _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

Social Security Number _____ - _____ - _____ Date of Birth _____

Emergency Contact _____ Phone _____

Position Applying for: Please check box below

RN LPN CNA RPh Tech Clerical Other _____

Full Time Part Time Per Diem Temp

Do You Have Proof of Liability Insurance Yes No

Are you currently employed? Yes No

If you are currently employed, may we contact your current employer? Yes No

Shift Available: Please check box below

Day	Afternoon	Evening	Night	Weekend

Referral Source _____

Please answer the following questions. Please Check Yes or No.

1. Have you ever been sanctioned by the Office of the Inspector General for fraud, abuse or any other reason? Yes No
If Yes, please explain _____

2. Have you been convicted of a crime within the last 7 years? Yes No
If Yes, please explain _____

3. Have you been convicted of a felony or misdemeanor at any time? Yes No
If Yes, please explain _____

4. Have you applied at HealthPro Management Associates before, or PharmPro, NursePro, or e-PharmPro? Yes No
5. Do you have any scheduling limitations? Yes No
If Yes, please explain _____
6. Are you legally authorized to work in the United States? Yes No
7. If hired, would you be able to present evidence of your identity and eligibility to work in the United States? Yes No
8. If hired, would you have transportation to/from work? Yes No
9. Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? Yes No
If No, describe the functions that cannot be performed _____

Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

10. If offered a position, do you agree to submit to a drug screen? Yes No

Drug Alcohol Free Workplace Policy

In order to ensure a safe, healthful, and efficient work environment for our employees, HealthPro has established, as a condition of employment and continued employment, the following alcohol- and drug-free workplace policy. Pre-employment, we may require a drug screening before and randomly during employment with HealthPro Management Associates. Employees are prohibited from reporting to work or working when the employee uses any controlled substances, except when the use is pursuant to the instructions of a licensed medical practitioner. Employees are prohibited from consuming alcoholic beverages during working hours, including meal and break periods. In addition, employees are prohibited from engaging in the unlawful or unauthorized manufacture, distribution, dispensation, solicitation, transfer, sale, or possession of controlled substances and/or alcoholic beverages while on company time, on company premises, in company vehicles, or while engaged in company activities. HealthPro further reserves the right to take any and all appropriate and lawful actions necessary to enforce this substance abuse policy including, but not limited to: requesting an employee to submit to a drug and/or alcohol test when HealthPro has reasonable suspicion to believe that the employee may have or has violated the prohibitions contained in this policy. HealthPro also reserves the right to inspect company property, including lockers, desks, or other suspected areas of concealment, as well as an employee's personal property, when HealthPro has reasonable suspicion to believe that the employee may have or has violated this policy. All employees of HealthPro are hereby advised that full compliance with the foregoing policies shall be a condition of employment. Any employee who violates that foregoing policy shall be subject to discipline, up to and including immediate discharge.

_____ (initial)

Education, Training and Experience

Institution	Course of Study/Degree	Graduation Date
High School		
College		
Graduate		
Trade/Certification		

Employment History

Employer Name	
Name of Supervisor	
Main Phone Number	
Employment Dates	
Job Title	
Duties	
Reason for Leaving	

Employer Name	
Name of Supervisor	
Main Phone Number	
Employment Dates	
Job Title	
Duties	
Reason for Leaving	

Employer Name	
Name of Supervisor	
Main Phone Number	
Employment Dates	
Job Title	
Duties	
Reason for Leaving	

Please read and initial each paragraph, then sign below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

Signature

Date



Background Authorization and Release

I the undersigned do hereby authorize HealthPro (PharmPro and NursePro) to examine any and all criminal records and arrests on file in the cities or counties nationwide. In doing so, I understand that I am waiving my rights of confidentiality concerning my criminal history and this information will only be used to make employment related decisions.

Print Applicant's Name _____
Birth Date _____ Birth Place _____
Driver's License Number _____
Social Security Number _____
Street Address _____
City _____ State _____ Zip _____
Signature _____ Date _____

If an individual is denied employment because of convictions appearing on his or her criminal history record, the employer shall provide a copy of the information obtained. Upon acceptance of an offer of employment, new employees are scheduled to complete new hire paperwork on or before the first day of employment. Included in that documentation is a Criminal History Record Request form. The completed form will be sent to the employee's approved vendor.

Signature

Date