



**HEALTHCARE APPLICATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI \_\_\_\_\_

POSITION APPLIED FOR:  RN  LVN/LPN  Therapist  Technician  CNA/Nurse Aide  HHA  Other (Please indicate) \_\_\_\_\_

**PERSONAL / CONTACT INFORMATION**

Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_ Email: \_\_\_\_\_  
Social Security No. \_\_\_\_\_

Are you registered with other Staffing Agencies :  yes  no

How did you hear about PRR CORP ?  Yellow Pages  Internet  Referral  Other \_\_\_\_\_

**EDUCATION:**

Tech/Vocational School Name	Location	Years Attended	Type of Degree Awarded
College / University Name			
Post Graduate School Name			
Hospital / School Name			
Other			

**RELEVANT CERTIFICATIONS / TRAINING / LICENSURE**

I. License Type/state/country:

License #:

Expiration date:

II. License Type/state/country:

License #:

Expiration date:

III. License Type/state/country:

License #:

Expiration date:

**WORK HISTORY (LAST EMPLOYER FIRST)**

Facility Name and Location:

Dates of Employment (Months and Years):

Employment Job Title:



Hospital Trauma Level:  
Total No. of Facility Beds:  
Total No. of Unit Beds:  
Healthcare Professional / Patient Ratio:  
Types of Patients Seen:  
Equipment Used:  
Day-to-Day Responsibilities:

**JOB II :** Facility Name and Location:  
Dates of Employment (Months and Years):  
Employment Job Title:  
Hospital Trauma Level:  
Total No. of Facility Beds:  
Total No. of Unit Beds:  
Healthcare Professional to Patient Ratio:  
Types of Patients Seen:  
Equipment Used:  
Day-to-Day Responsibilities:

**JOB III:** Facility Name and Location:  
Dates of Employment (Months and Years):  
Employment Job Title:  
Hospital Trauma Level:  
Total No. of Facility Beds:  
Total No. of Unit Beds:  
Healthcare to Professional Patient Ratio:  
Types of Patients Seen:  
Equipment Used:  
Day-to-Day Responsibilities:

**JOB IV:** Facility Name and Location:  
Dates of Employment (Months and Years):  
Employment Job Title:  
Hospital Trauma Level:  
Total No. of Facility Beds:  
Total No. of Unit Beds:  
Healthcare Professional Healthcare to Patient Ratio:  
Types of Patients Seen:  
Equipment Used:  
Day-to-Day Responsibilities:

**OTHER INFORMATION:**

1. What is your preferred state or city?
2. What specialty unit do you want to work in?
3. Is there anything in your background that will prevent them from being hired?
4. If you are currently not working, did you leave your last position on good terms? .

**YOUR COMMENTS:**



**ACKNOWLEDGMENT** (Please read carefully and sign.):

I attest to this application and assert all answers given by me are true and. I understand misrepresentation of my career history or background at any time may jeopardize my chances for employment and be cause for my immediate dismissal from employment. I give PRR Corp. permission to verify the information contained in this application, and I authorize present and former employers, educational institutions I have attended, references, and any other persons to answer all questions asked by PRR Corp with regard to any of the subjects covered by this application.

I understand that employment with PRR Corp., may be contingent on a background investigation, and release PRR Corp from any and all liability resulting from such a investigation or the disclosure of such information.

In consideration of employment opportunities with PRR Corp., I agree to all PRR Corp and client-employer rules and regulations, which may be subject to change by PRR Corp or the client-employer, after which time candidate will be notified. I also understand that if employed, I will be an employee at will and employed for no definite period of time.

I understand that either PRR Corp. or I can terminate my employment at any time, with or without cause. I also agree to provide PRR Corp. at least prior 48 hours prior notification of intent to leave the assigned position, allowing for PRR Corp., to secure a replacement candidate.

After receiving an offer of employment, and before my first assignment, I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with applicable laws. If I receive an offer of employment at the request of PRR Corp and if one is given, I agree that my continued employment may be contingent on the results.

**I HAVE READ THE ABOVE ACKNOWLEDGEMENT AND AGREE TO THE CONDITIONS:**

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_