Jumpstart Healthcare Services, LLC

3100 Five Forks Trickum Road, Suite 503 ▪ Lilburn, Georgia 30047
P: 678-478-7828 ▪ **F:** 678-882-3835 ▪ **E:** jumpstarthhs@gmail.com ▪ **W:** www.jumpstarths.com

Employment Application Form

JUMPSTART HEALTHCARE SERVICES, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization. I understand that completion of this Application for Employment does not imply or guarantee employment by **JUMPSTART HEALTHCARE SERVICES, LLC**. All employment by **JUMPSTART HEALTHCARE SERVICES, LLC** is at-will and as such the relationship may be terminated by either **JUMPSTART HEALTHCARE SERVICES, LLC** or me, at any time, with or without notice and with or without cause. I understand that company policies, procedures, practices or statements made during an interview or employment do not create employment contract by implication or otherwise.

PLEASE FILL OUT ALL SECTIONS

Applicant Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Employment Positions: *Administrator, Registered Nurse (RN), License Practical Nurse (LPN), Personal Support Aide (PSA). Companion/Sitter*

Position(s) applying for: _____

ARE YOU APPLYING FOR?

- ❖ Temporary work (*such as summer or holiday work*)? ❑ Yes ▪ ❑ No
- ❖ Regular Part-time Work? ❑ Yes ▪ ❑ No
- ❖ Regular Full-time Work? ❑ Yes ▪ ❑ No

What days and hours are you available for work: _____

If, applying for temporary work, when will you be available: _____

If hired, on what date can you start working? _____/_____/_____

Can you work **WEEKENDS**? ❑ Yes ▪ ❑ No Can you work **EVENINGS**? ❑ Yes ▪ ❑ No

Salary desired: $_____ Are you able to work **OVERTIME**? ❑ Yes ▪ ❑ No

PERSONAL INFORMATION

If hired, would you have reliable transportation to/from work? ❑ Yes ▪ ❑ No

Are you over the age of 18? ❑ Yes ▪ ❑ No

If hired, would you be able to present evidence of your U.S. Citizenship or proof of your legal right to work in the United States? ❑ Yes ▪ ❑ No

If hired, are you willing to submit and pass a controlled substance test? ❑ Yes ▪ ❑ No

Are you able to perform the essential functions of the job for which you are applying? ❑ Yes ▪ ❑ No

If no, please describe the functions that cannot be performed:

_____

Have you ever been convicted of a criminal offense (*felony or misdemeanor*)? ❑ Yes ▪ ❑ No

If yes, please describe the crime: state the nature of the crime(s), when and where convicted and disposition of the case:

_____

(*Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered)*

EDUCATION, TRAINING, AND EXPERIENCE

High School:

School Name: _____
Address: _____
City, State, Zip Code: _____
Number of Years Completed: _____ Did you graduate? ❑ Yes ▪ ❑ No
Degree/Diploma Earned: _____

College/University:

School Name: _____
Address: _____
City, State, Zip Code: _____
Number of Years Completed: _____ Did you graduate? ❑ Yes ▪ ❑ No
Degree/Diploma Earned: _____

Vocational School:

School Name: _____
Address: _____
City, State, Zip Code: _____
Number of Years Completed: _____ Did you graduate? ❑ Yes ▪ ❑ No
Degree/Diploma Earned: _____

Additional Information:

Do you speak, write, or understand any foreign language? ❑ Yes ▪ ❑ No
If yes, please describe which language(s) and how fluent of a speaker you consider yourself to be:
_____
Do you have any other experience, training, or qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? ❑ Yes ▪ ❑ No;
If yes, please explain: _____

EMPLOYMENT HISTORY

Name of Employer #1: _____
Name of Supervisor: _____
Address: _____
City, State: _____Zip:_____
Telephone Number: _____
Dates Employed: From (MM/YYYY):_____/_____ To (MM/YYYY):_____/_____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? ❑ Yes ▪ ❑ No

Name of Employer #2: _____
Name of Supervisor: _____
Address: _____
City, State: _____Zip:_____
Telephone Number: _____
Dates Employed: From (MM/YYYY):_____/_____ To (MM/YYYY):_____/_____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? ❑ Yes ▪ ❑ No

Name of Employer #3: _____
Name of Supervisor: _____
Address: _____
City, State: _____Zip:_____
Telephone Number: _____
Dates Employed: From (MM/YYYY):_____/_____ To (MM/YYYY):_____/_____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? ❑ Yes ▪ ❑ No

REFERENCES

Please provide three (*3*) individuals who have knowledge of your work performance within the last four (4) years. **PLEASE INCLUDE PROFESSIONAL REFERENCES ONLY**.

Name: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____ Numbers of Years Acquainted: _____

Name: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____ Numbers of Years Acquainted: _____

Name: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____ Numbers of Years Acquainted: _____

Please Read, Initial Each Paragraph, and 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 & 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 can be grounds for rejection of application or, if I am employed by **Jumpstart Healthcare Services**, **LLC** terms for my immediate expulsion from the company. **Initial Here**: _____

I permit **Jumpstart Healthcare Services**, **LLC** to conduct a background check, examine my references, record of employment, education record, and any other information I have provided. I authorized 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 **Jumpstart Healthcare Services**, **LLC** my former employers and all other persons, corporations, partnerships & associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation. **Initial Here**: _____

Applicant's Signature: _____ **Date**: _____/_____/_____

Position Applied For: _____Today's Date: _____

Jumpstart Healthcare Services, LLC is an equal employment opportunity employer and adheres to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with JHS depends solely on your qualifications.

Thank you for completing this application form and for your interest in our company.

Office Use Only: Background Check Complete ❑ **Yes** | ❑ **No** ▪ Hired ❑ **Yes** | ❑ **No** (*Date Hired*: _____)