



Date of Application _____ Social Security Number ____/____/____

Print Full Name _____

Home Phone: _____ Mobile: _____ Email: _____

Address _____

City _____ State _____ Zip Code _____

Position Applied For _____

Documents required with this application (All)

Check if attached

- | | |
|---|-----|
| 1. Thoroughly completed employment application | () |
| 2. Current Professional License (Signed), if any | () |
| 3. Current CPR card/First Aid (Signed) | () |
| 4. PPD/Chest X-Ray /Medical | () |
| 5. Employment Eligibility Verification (Form I-9) | () |
| 6. Two employment reference (phone # included) | () |
| 7. Three Character reference (phone # included) | () |
| 8. Driver's License/ State Issue ID card (Signed) | () |
| 9. Copy of Social Security Card (Bring original signed copy to interview) | () |
| 10. Two years of experience working in the field | () |
| 11. Background Check (a must) | () |
| (CJIS Authorization # 1100007812) call CJIS @ 410-764-4501 | |
| 12. Any other information you have for employment | () |

If you do not have all the documents above, please tell us when it will be available:



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the position.

INSTRUCTIONS TO APPLICATION

- A. Please fully and accurately complete the Application for Employment. Incomplete applications will not be considered. This company will use the information given in the application to verify your previous employment and background.**
- B. The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.**
- C. Resume will not be accepted in lieu of completed applications, but will be considered supplemental information.**
- D. If you are hired, proof of eligibility will be required to verify your lawful right to work in the United States. (Form I - 9 Work Eligibility)**



PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Alternate Address _____
Street City/State Zip

Contact Information: (_____) (_____) _____
Home Telephone Mobile Telephone Email

How did you learn about our company? _____

POSITION SOUGHT: _____ **Available Start Date:** _____

Desired Pay Range: _____ **Are you currently employed?** _____
Hourly or Salary

EDUCATION

Name and Location	Graduate?	Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc			
Other			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.



REVIIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:



PROFESSIONAL LICENSE VERIFICATION

Professional license _____ Effective date (s) _____

Registry or certification _____ Effective date (s) _____

Out of State licenses _____

Is registration or licensing pending? _____

To your knowledge, are you currently the subject of a complaint or are you under investigation by any professional licensure or registration body (such as a State Attorney Grievance Commission or a State Board of Nursing)? () Yes () No If you answer "yes", please note below all details known to you regarding this complaint or investigation. _____

Has your license ever been suspended or revoked or have you otherwise been reprimanded, disciplined or sanctioned by any professional licensure or registration body? () Yes () No

If your answer is "yes" please explain _____

Are you currently the subject of any criminal or other charges that could affect your license or registration to practice in your profession if found meritorious () Yes () No

If your answer is "yes" please explain _____

Is any non-complete, non-solicitation, non-disclosure, or similar agreement applicable to your current activities? () Yes () No If your answer is "yes" attach a copy of the agreement to this application.

NOVENA HEALTHCARE SERVICES WILL VERIFY ALL NURSING LICENSES THROUGH MARYLAND BOARD OF NURSING (MBON)

Signature of applicant

Date



CONFIDENTIAL AGREEMENT

READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT

I agree that except at the request and for the benefit of **Novena Healthcare Services**, I will not disclose to anyone or use for my own purposes any of **Novena Healthcare Services** confidential or proprietary information, either during or after my employment. I understand and agree that **Novena Healthcare Services** bidding, costs, pricing and marketing information and techniques, customer names and information, and employee name and information are confidential and proprietary to **Novena Healthcare Services**.

I certify that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I authorized **Novena Healthcare Services** to contact all sources to verify the information on this application. I understand that any falsification, misrepresentation or fraudulent information provided by me in connection with my application for employment is sufficient grounds for withdrawal of an employment offer or immediate discharge.

I understand that this application is not a contract of employment.

I authorized and request my former employers, references, and educational institutions which have information about me, to give **Novena Healthcare Services** any and all information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and release such former employers, references, and educational institutions from any liability or claim relating to such release of information and opinions. I also authorized and request federal, state, and local governmental agencies to release to **Novena Healthcare Services** any information requested, concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Signature of applicant: _____ Date: _____

CONFLICT OF INTEREST

I acknowledge that I have read the company policy statement concerning conflict of interest and I hereby declare that neither I, nor any other business to which I may be associated, nor, to the best of my knowledge, any member of my immediate family has any conflict between our personal affairs or interests and the proper performance of my responsibilities for the company that would constitute a violation of that company policy. Furthermore, I declare that during my employment, I shall continue to maintain my affairs in accordance with the requirements of said policy.

Signature of Applicant

Date

RELEASE OF INFORMATION

I hereby authorized all prior employers, schools, credit bureaus, Social security Administration. Law enforcement agencies and investigative agencies to give **Novena Healthcare Services** any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, concerning my qualifications for the position applied for. I release to **Novena Healthcare Services** and all its employees from all liability for any damage that may result from furnishing information to **Novena Healthcare Services** I also release to **Novena Healthcare Services** and all its employees from all liability for any damage that may result from reliance on the information furnished. I understand that if a consumer investigative report is requested, I have the right under the Fair Credit Reporting Act to request in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the investigation. This written request should be addressed to the location where this application is filed.

Full Name (Please Print) _____ Social Security Number ____/____/____

Signature of Applicant _____ Date: ____/____/____