



7124 Forest Hill Avenue, Suite.M
Richmond, VA 23225
Office (804) 377-6966 / Fax (804) 726-6251

Heaven's Touch Nursing Services, LLC is an Equal Opportunity Employer and does not discriminate because of race, age, sex, religion, national origin, disability, veteran's status, marital status, or other status protected by law. It is the policy of Heaven's Touch Nursing Services, LLC to recruit, hire, and promote for all job classifications on the basis of merit, qualifications, and competence. This applies to all categories of employment.

- | | | |
|---|--|--|
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> License Practical Nurse A | <input type="checkbox"/> Licensed Practical Nurse
B |
| <input type="checkbox"/> Student Nurse | <input type="checkbox"/> Companion | <input type="checkbox"/> Babysitter |
| <input type="checkbox"/> Certified Nursing
Assistant | <input type="checkbox"/> Personal Care Aide | <input type="checkbox"/> Other |

LAST NAME: _____ FIRST NAME: _____ MI _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE #: () _____ WORK TELEPHONE #: () _____

MOBILE TELEPHONE #: () _____

Are you currently involved in any form of drug or alcohol abuse? YES NO

If yes, please

describe: _____

Is there any reason you would be unable to perform all the physical duties of the position for which you have applied? YES NO

If yes, please

explain: _____

Can you perform all of the duties with or without reasonable accommodations of the position for which you have applied? YES NO

If no, please

explain: _____

Have you ever been discharged or asked to resign by an employer? YES NO

If yes, please explain

reason(s): _____

Are there any foreign languages you can speak, interpret or translate? YES NO

If yes, please

explain: _____

Are you lawfully authorized to work in the United States? YES NO

Have you ever committed, been convicted of plead guilty to, or plead nolo contendere to a felony or misdemeanor (excluding traffic violations) in Virginia or outside of the jurisdiction of Virginia?

YES NO

If yes, please

explain: _____

Are you involved in any pending or future malpractice claims? YES NO

If yes, please

explain: _____

Has your nursing license ever been suspended or revoked? YES NO

If yes, please explain: _____

Has your nursing license ever been placed on probation? YES NO

If yes, please explain: _____

Have you ever worked with a temporary agency in the past? YES NO

Are you currently signed with an agency? YES NO

By what source were you referred to Heaven's Touch Nursing Services, LLC?

- Employment Bulletin Board Career Day/ Job Fair Client Newspaper Other Employee

*List Name of Publication, Career Day/Job Fair or Agency: _____

PERSONAL/PROFESSIONAL/TECHNICAL REFERENCES

<i>Name</i>	<i>Address</i>	<i>Business or Position</i>	<i>Telephone#</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

<i>Name</i>	<i>City</i>	<i>State</i>	<i>Major Course/ Or Subject</i>	<i>Last Level Completed</i>	<i>Graduated/ Degree</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER QUALIFICATIONS

Indicate any special qualifications not covered elsewhere in this application:

-
- Typing (WMPA)
 - Shorthand (WPM)
 - Word Processing
 - Other (please specify)

Are there any other experiences, skills or qualifications, which you feel, would especially fit you for work with a hospital?

- YES NO

If yes, please specify: _____

FOR LICENSED OR CERTIFIED PROFESSIONAL APPLICANTS

_____	_____
CPR Date	Expiration Date
_____	_____
State License or Certification	Number
_____	_____
Nurse Aide Certificate	State

EMPLOYMENT HISTORY

Present or Last Employer	Telephone Number
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Address	City	State	Zip
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Position Held	Starting Salary	Ending Salary
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Name of Duties (explain fully): _____

May we contact your present employer for a reference?
 YES NO

Reason for Leaving: _____

Reason for Leaving: _____

Immediate Supervisor Telephone Number Employed From _____ TO _____
MO/YR MO/YR

READ CAREFULLY

In the event my application is accepted for consideration, I authorize an investigation of all statements contained in this application. I also hereby release any and all persons, companies, or agencies responding to such investigation from any damage due to releasing any information they have regarding me, whether or not it is in their record, pertaining hereto. I understand that all reference information provided will be kept confidential. I understand successful completion of the matters set forth above is prerequisite to employment or continued employment. I swear and affirm that the information contained in this application is true and accurate. I further understand that misrepresentation of facts asked for on this application will generally result in my application not being further considered by Heaven's Touch Nursing Services, LLC and/or will generally result in dismissal from employment no matter when discovered. I understand that nothing contained in this employment application is intended to create an employment contract between Heaven's Touch Nursing Services, LLC and me. If at some point an employment relationship is established, I also understand that my employment status will be at will, which means Heaven's Touch, LLC or I may terminate my employment at any time, for any reason. If I am employed, I agree to comply with all of the rules and regulations of Heaven's Touch Nursing Services, LLC.

Applicant's Signature

Date
