



32910 West Thirteen Mile Rd Farmington Hills, Michigan 48333 ph: +1 (301) 378-9567

info@Wealthandwellnesshs.com www.wealthandwellnesshs.com

JOB APPLICATION

PERSONAL INFORMATION

NAME(LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	ZIP
ARE YOU 18 YEARS OR OLDER? YES NO	PHONE NO.		

DESIRED EMPLOYMENT

POSITION	START DATE	DESIRED SALARY
ARE YOU CURRENTLY EMPLOYED? YES NO	MAY WE INQUIRE OF YOU CURRENT EMPLOYER? YES NO	
CURRENT EMPLOYER	TELEPHONE:	
REASON FOR LEAVING		
NAME OF YOUR LAST SUPERVISOR		
EVER WORKED FOR THIS COMPANY BEFORE? YES NO	WHO REFERRED YOU TO Wealth and Wellness Healthcare Staffing Services? FRIEND EMPLOYEE ADVERTISEMENT INTERNET GOVERNMENT PLACEMENT AGENCY OTHER SPECIFY: _____	



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EDUCATION

LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	MAJOR
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
PROFESSIONAL TRAINING				

EMPLOYMENT HISTORY

List your last two (2) employers, assignments of volunteer activities, including experience. Explain any gap in employment in the comments section below.

NAME OF EMPLOYER		JOB TITLE		
ADDRESS		CITY	STATE	ZIP
FROM	TO	What was the nature of you work?		HOURLY RATE IN \$
NAME OF SUPERVISOR		PHONE:	COMMENTS	
NAME OF EMPLOYER		JOB TITLE		
ADDRESS		CITY	STATE	ZIP
FROM	TO	What was the nature of you work?		HOURLY RATE IN \$
NAME OF SUPERVISOR		PHONE:	COMMENTS	



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ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?
(Proof of eligibility will be required before employment) YES NO

Person to be contacted in case of an emergency:

Relationship: _____

Name: _____ Telephone #: _____

Last First

Address: _____

City: _____ State: _____ Zip: _____

_____ Number Street

PERSONAL REFERENCES

NAME	ADDRESS	BUSINESS	FROM	TO

HAVE YOU EVER BEEN CONVICTED OR A FELONY WITHIN THE LAST 5 YEARS?

IF YES, PLEASE EXPLAIN (Will not necessarily exclude you from consideration)

I certify that the facts contained in this application are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for a subsequent discipline up to and including dismissal from employment if discovered at the later date.

I understand that if employed, my employment is not guaranteed for any term, and my



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employment may be terminated by the employer or myself at any time and for any reason with or without prior notice. No representative of *Wealth and Wellness Healthcare Staffing* other than the owners is authorized to make any assurance or promise of continued employment and any such assurance must be in writing signed by the owners.

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct of Wealth and Wellness Healthcare. This application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personal file. If I am not hired or have not heard from this agency within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Wealth and Wellness Healthcare StaffingHealthcare Services

I do hereby give the employer and/or its agents, including consumer-reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless Align Healthcare Services, it's representative, all persons and organizations/companies for furnishing such information.

If required, I agree to a drug-testing prior and during employment or for post-accident occurrences.

The employer, Wealth and Wellness Healthcare Staffing is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

NOTICE: This is to inform you that as part of processing your employment application, we may obtain a consumer report, which includes information as to your character, general reputation, personal characteristics and mode of living. If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By signing below, you acknowledge receipt of a copy of this notice and a copy of the "Summary of Your Rights under the Fair Credit Reporting Act."



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SKILLS AND PREFERENCES INVENTORY

CERTIFICATION (Check one) RN LPN GNA/CNA MT

NAME: _____ PHONE: _____ OTHERS STATE:

_____ LICENSE #: _____

The following information will help us place you where your skills, knowledge of nursing and preferences will be best suited.

	CIRCLE ONE	SKILLS	CIRCLE ONE
Can you do vital signs?	Yes No	Can you do neurological assessments?	Yes No
Can you chart nurses' notes? Can you do catheter care? Can you insert catheters?	Yes No Yes No Yes No	Can you give intramuscular medications? Can you give IV medications?	Yes No Yes No
Can you start IVs?	Yes No	Can you assess patients for admission? Can you discharge patients? Have you had CPR?	Yes No Yes No
Can you section patients? Can you set up oxygen for patients?	Yes No	Do you have intensive care experience?	Yes No



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<p>In which of the following areas have you had experience? (Check one) Med-Surg. OB/GYN Oncology Geriatric Emergency Room</p>			
<p>Have you had any special training in nursing? If so, what?</p>			
PREFERENCES	CIRCLE ONE	PREFERENCES	CIRCLE ONE
<p>Are you a licensed driver? Will you travel 30 minutes one way? Will you work every other weekend?</p>	<p>Yes No Yes No Yes No</p>	<p>Will you work shifts at a hospital? Will you work shifts at a nursing home? Will you work private duty cases?</p>	<p>Yes No Yes No Yes No</p>
<p>Please rate your physical condition. (Check one) Excellent Good Fair</p>		<p>Circle the times you are available: Day Evening Night S M T W TR F S</p>	
<p>Do you have any handicaps? If so, please describe:</p>			
<p>How many hours a week do you wish to work?</p>			
<p>Please attach photocopies of Driver's License, Professional License, CPR Certifications and any other relevant certifications.</p>			

Signature of Applicant: _____ Date: _____