

Prestige HealthCare Professionals

207 E Felton Rd, Suite 101, Cartersville, GA 30121
 Phone: (678) 721 – 1706, FAX: (678) 721 - 1707

Employment Application

Applicant Information

Full Name:				Date:				
First			Last			M.I.		
Address:								
Street Address						Apartment/Unit #		
City						State		ZIP Code
Home Phone:()		Cell Phone ()		E-mail Address: (required)				
Date Available:			Social Security No.:			Desired Hr. Rate:\$		
Circle your certification/ your shift preference:		RN LPN CNA RT Mammo Ultra Sound Nuclear Medicine Shift Preference:						

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for Prestige? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

References

Please list three professional references (This is someone in the medical profession who can speak to your health care skills).

Full Name:				Relationship:					
Company:						Phone:		()	
Address:									
Full Name:				Relationship:					
Company:						Phone:		()	
Address:									
Full Name:				Relationship:					
Company:						Phone:		()	

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Address:			
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Previous Employment

Company:		Phone:	()
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Address:		Supervisor:	
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Job Title:		Starting Salary: \$		Ending Salary: \$	
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Responsibilities:					
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From:		To:		Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company:		Phone:	()
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Address:		Supervisor:	
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Job Title:		Starting Salary: \$		Ending Salary: \$	
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Responsibilities:					
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From:		To:		Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company:		Phone:	()
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Address:		Supervisor:	
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Job Title:		Starting Salary: \$		Ending Salary: \$	
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Responsibilities:					
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From:		To:		Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Branch:		From:		T O :	
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Military Service

Rank at Discharge:		Type of Discharge:	
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If other than honorable, explain:			
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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please Fax Finished Application to Prestige HealthCare Professionals at (678) 721 - 1707