

Prestige HealthCare Professionals

315 East Cherokee Avenue, Cartersville, GA 30120
Phone: 678-721-1706 Fax 678-721-1707

Employment Application

Applicant Information

Full Name:				Date:	
<i>First</i>		<i>Last</i>		<i>M.I.</i>	
Address:				Apartment/Unit #	
<i>Street Address</i>					
<i>City</i>				<i>State</i>	<i>ZIP Code</i>
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 <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>
Have you ever worked for Prestige?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:	
Emergency Contact: (Required)					

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

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

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

Military Service

Branch:		From:		T O :	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					

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: _____