



CONFIDENTIAL APPLICATION

PERSONAL				CLASSIFICATION													
Last Name	First Name	Middle Name	Maiden Name	<input type="checkbox"/> Registered Nurse <input type="checkbox"/> Aesthetician <input type="checkbox"/> Licensed Vocational Nurse <input type="checkbox"/> Allied Professional <input type="checkbox"/> PRN <input type="checkbox"/> Contract / Travel <input type="checkbox"/> Permanent Staff													
Street Address																	
City		State									ZIP Code						
Phone Number		Pager/Other									Email Address						
Social Security Number		Cell Phone Number		<div style="text-align: center;">Schedule Preference</div> <table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black;">Mon</td> <td style="border: 1px solid black;">Tue</td> <td style="border: 1px solid black;">Wed</td> <td style="border: 1px solid black;">Thu</td> <td style="border: 1px solid black;">Fri</td> <td style="border: 1px solid black;">Sat</td> <td style="border: 1px solid black;">Sun</td> </tr> </table>							Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mon	Tue	Wed	Thu	Fri	Sat	Sun											
LICENSURE / CERTIFICATION				<div style="text-align: center;">Shift Preference</div> 													
License Number		Expiration Date									State						
License Number		Expiration Date									State						
License Number		Expiration Date									State						
PROFESSIONAL CREDENTIALS																	
Nursing Speciality (Most Current First)				Years Experience			As Of (Indicate Date)										
Medical Aesthetic Speciality (Lasers, Chemical Peels, etc...)				Years Experience			As Of (Indicate Date)										

Please indicate which of the following credentials you currently hold
Please attach appropriate copies. Use paper clip only. Do not staple form.

ACLS Yes No Expiration Date _____
 PALS Yes No Expiration Date _____
 BCLS Yes No Expiration Date _____
 NALS Yes No Expiration Date _____

Professional Organizational Memberships

List any additional educational skills, experience, or other relevant qualifications on a separate sheet and attach to application.

EDUCATION			<input type="checkbox"/> Associate <input type="checkbox"/> BSN <input type="checkbox"/> Diploma <input type="checkbox"/> MSN <input type="checkbox"/> Other _____ _____
EDUCATION	NAME AND LOCATION OF SCHOOL	GRADUATION DATE	
College or University			
Hospital School of Nursing			
Other			

WORK EXPERIENCE

Employer _____
City/State _____
Position Held/Specialty _____ Shift _____
Immediate Supervisor _____
Type of Nursing
 Primary Team Modified Primary
 Modified Team Other _____

Phone (_____) _____
Date Employed From _____ To _____
Reason for Leaving _____
May We Contact This Employer? Yes No
Was this a Travel Assignment? Yes No
Charge Experience? Yes No
If So, How Often? _____

Employer _____
City/State _____
Position Held/Specialty _____ Shift _____
Immediate Supervisor _____
Type of Nursing
 Primary Team Modified Primary
 Modified Team Other _____

Phone (_____) _____
Date Employed From _____ To _____
Reason for Leaving _____
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Employer _____
City/State _____
Position Held/Specialty _____ Shift _____
Immediate Supervisor _____
Type of Nursing
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Phone (_____) _____
Date Employed From _____ To _____
Reason for Leaving _____
May We Contact This Employer? Yes No
Was this a Travel Assignment? Yes No
Charge Experience? Yes No
If So, How Often? _____

PROFESSIONAL REFERENCES

Name	Address	Occupation	Years Acquainted	Phone Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

PERSONAL REFERENCES

Name	Address	Occupation	Years Acquainted	Phone Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

In case of an emergency, notify:

Name _____ Relationship _____
Address _____ Phone (_____) _____
City _____ State _____ ZIP _____

I understand that employment by Ageless Remedies is at will, meaning that either I or Ageless Remedies may terminate the employment relationship at any time for any lawful reason with or without notice. I hereby certify that all information provided herein is true and correct to the best of my knowledge. I understand that falsification or misrepresentation will be the basis for disqualification from employment or termination. I hereby authorize Ageless Remedies to verify the information I have provided herein or attached hereto, and to contact my past employers and references concerning my work history, qualifications, and all other pertinent information as provided by law. I hereby authorize Ageless Remedies to release any of my medical information which may be relevant to my employment at their client facilities. This employment application and/or other accompanying forms, or the granting of an interview, is not intended to create and does not represent an offer of employment or an agreement of any kind to provide any other service or benefit. All employment offers are made conditional upon applicant's proving employment authorization and identity in accordance with the Immigration Reform and Control Act of 1986, and are contingent upon passing a background check. I understand that while I am on assignment with Ageless Remedies, I am strongly encouraged to carry my own professional liability insurance for continuous protection. I also understand that I am solely responsible for obtaining and maintaining all licenses, certifications, or other educational requirements pertinent to any assignment I may be on. I agree to and will submit an authorized time sheet for all hours worked on assignments and will notify Ageless Remedies upon completion of each assignment. In consideration for my employment by Ageless Remedies, I agree that during any assignment by Ageless Remedies and for a period of 180 days following the completion of my last assignment through Ageless Remedies, I will not accept employment by, or perform services for, any client of Ageless Remedies to whom I have been assigned by Ageless Remedies, without the prior written consent of Ageless Remedies.

Signature _____ Date _____

During the past ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, or a felony? (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.)

Yes No

If Yes, explain: _____

Have you been convicted of a crime (exclude minor traffic cases; include DUIs)?

Yes No

If Yes, explain: _____

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to Ageless Remedies for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature _____ Date _____