



**HEALTHCARE APPLICATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI \_\_\_\_\_

POSITION APPLIED FOR:  RN  LVN/LPN  Therapist  Technician  CNA/Nurse Aide  HHA  Other (Please indicate) \_\_\_\_\_

**PERSONAL / CONTACT INFORMATION**

Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_ Email: \_\_\_\_\_  
Social Security No. \_\_\_\_\_

Are you registered with other Staffing Agencies :  yes  no

How did you hear about GEM LLC ?  Yellow Pages  Internet  Referral  Other \_\_\_\_\_

**EDUCATION:**

Tech/Vocational School Name	Location	Years Attended	Type of Degree Awarded
College / University Name			
Post Graduate School Name			
Hospital / School Name			
Other			

**RELEVANT CERTIFICATIONS / TRAINING / LICENSURE**

I. License Type/state/country:

License #:

Expiration date:

II. License Type/state/country:

License #:

Expiration date:

III. License Type/state/country:

License #:

Expiration date:

**WORK HISTORY (LAST EMPLOYER FIRST)**

Facility Name and Location:

Dates of Employment (Months and Years):

Employment Job Title:



Hospital Trauma Level:  
Total No. of Facility Beds:  
Total No. of Unit Beds:  
Healthcare Professional / Patient Ratio:  
Types of Patients Seen:  
Equipment Used:  
Day-to-Day Responsibilities:

**JOB II :** Facility Name and Location:  
Dates of Employment (Months and Years):  
Employment Job Title:  
Hospital Trauma Level:  
Total No. of Facility Beds:  
Total No. of Unit Beds:  
Healthcare Professional to Patient Ratio:  
Types of Patients Seen:  
Equipment Used:  
Day-to-Day Responsibilities:

**JOB III:** Facility Name and Location:  
Dates of Employment (Months and Years):  
Employment Job Title:  
Hospital Trauma Level:  
Total No. of Facility Beds:  
Total No. of Unit Beds:  
Healthcare to Professional Patient Ratio:  
Types of Patients Seen:  
Equipment Used:  
Day-to-Day Responsibilities:

**JOB IV:** Facility Name and Location:  
Dates of Employment (Months and Years):  
Employment Job Title:  
Hospital Trauma Level:  
Total No. of Facility Beds:  
Total No. of Unit Beds:  
Healthcare Professional Healthcare to Patient Ratio:  
Types of Patients Seen:  
Equipment Used:  
Day-to-Day Responsibilities:

**OTHER INFORMATION:**

1. **What is your preferred state or city?**
2. **What specialty unit do you want to work in?**
3. **Is there anything in your background that will prevent them from being hired?**
4. **If you are currently not working, did you leave your last position on good terms? .**

**YOUR COMMENTS:**



**ACKNOWLEDGMENT** (Please read carefully and sign.):

I attest to this application and assert all answers given by me are true and. I understand misrepresentation of my career history or background at any time may jeopardize my chances for employment and be cause for my immediate dismissal from employment. I give GEM LLC. permission to verify the information contained in this application, and I authorize present and former employers, educational institutions I have attended, references, and any other persons to answer all questions asked by GEM LLC with regard to any of the subjects covered by this application.

I understand that employment with GEM LLC., may be contingent on a background investigation, and release GEM LLC from any and all liability resulting from such a investigation or the disclosure of such information.

In consideration of employment opportunities with GEM LLC., I agree to all GEM LLC and client-employer rules and regulations, which may be subject to change by GEM LLC or the client-employer, after which time candidate will be notified. I also understand that if employed, I will be an employee at will and employed for no definite period of time.

I understand that either GEM LLC. or I can terminate my employment at any time, with or without cause. I also agree to provide GEM LLC. at least prior 48 hours prior notification of intent to leave the assigned position, allowing for GEM LLC., to secure a replacement candidate.

After receiving an offer of employment, and before my first assignment, I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with applicable laws. If I receive an offer of employment at the request of GEM LLC and if one is given, I agree that my continued employment may be contingent on the results.

**I HAVE READ THE ABOVE ACKNOWLEDGEMENT AND AGREE TO THE CONDITIONS:**

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_