

# ON-CALL HEALTHCARE, INC.

Dear Applicant

Thank you for your interest in applying with On-Call Healthcare, Inc.!

These will need to be completed and faxed/mailed back to our office.

1. Application, fill out completely & accurately.
2. W-4 form, please complete for payroll.
3. 1-9 form, please complete top portion only.
4. Name, address & phone # of (2) Work related references that will comment on your MEDICAL EXPERIENCE..
5. Personal Medical History Questionnaire, complete & sign.
6. Hepatitis form: include dates of vaccine series, titers, booster's or other pertinent information & sign.

Please include these documents when faxing/mailing back the above items.

1. Nursing license or Certificate
2. CPR Card
3. ACLS, PALS, NRP, EMT Card
4. Drivers License
5. Social Security
6. Specialty Certificates, (i.e. CCRN, NICU, ER, OB etc..)
7. Physical Exam & TB test or CXR Documentation. Physical/TB must have been done with the last year. You may request a Health Certificate Form from the office if you need exam to be done. Physical only needs to state you have not physical limitations and can work.
8. Immunizations / Titer Records including Hepatitis Series & MMR Vaccine and the results.
9. Drug Screen is required along with your pre-employment physical unless you can provide us with a recent copy in the past 6 months done by your previous employer.

Thank you for taking the time to complete the above. Please contact us to set up an appointment to complete the testing and the rest of the application process. We look forward to meeting you.

## **ON-CALL HEALTHCARE, INC.**

**14232 Marsh Lane Suite 252**

**Addison, Texas 75001**

**TELE/FAX 972-588-8008**

**Toll Free Tele/Fax 800-254-6508**



On-Call

Healthcare, Inc

## APPLICATION FOR EMPLOYMENT

On-Call Healthcare, Inc. is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, sexual orientation, marital status, veteran status, disability status, or any other basis prohibited by federal, state, or local law.

PERSONAL	Last Name		First Name		Middle Name	Home Phone ( ) -		
	Address				Apartment Number		Cell/Pager ( ) -	
	City		State	Zip	Email address			
	SS #					Will visa or immigration status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	How were you referred? <input type="checkbox"/> Ad - Name of Publication: _____ <input type="checkbox"/> Internet - Site: _____ <input type="checkbox"/> Employee referral - Name: _____ <input type="checkbox"/> Other - Name: _____							
	Name of relatives working at On-Call Healthcare, Inc.							
	Have you been convicted or plead "no contest" to any criminal offense(s) within the last ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" indicate: nature of offense, date, court and disposition. (A conviction will not necessarily disqualify you from consideration for employment.							
	Person to Notify in Emergency: Address: _____ Phone: _____							

POSITION	Position(s) Desired:				Salary Desired:			
	Is there anything that will interfere with your ability to perform on a regular basis, the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain why:							
	Have you previously applied at On-Call Healthcare, Inc? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				Date Available:			
	Days Available <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun				Check all boxes you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Temporary <input type="checkbox"/> Summer			
	Hours Available				What is your Shift Preference? Please Indicate 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> ___ Days ___ Evening ___ Nights ___ Weekends			
List areas and/or distances you are willing to travel								

EDUCATION AND TRAINING	Type of School	School and Location	Dates attended	Degree Earned	Course of Study or Major
	High School or GED				
	Vocational or Technical				
	College/ University				
	Graduate School				
	Other Courses and Training				
	Military				
Apprenticeship programs, special skills, languages Explain:					

Applicant Name:		Date:
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Begin with your most recent position:  
This section must be completed even if a resume is attached.

<b>Company Name</b>	Company Address		
Supervisor Name	Supervisor Phone No. (    )	Reason for Leaving	
Position Title	Employment Dates: to	Number of Hours per week	Last Wage
Duties			

Eligible for Rehire:  Yes  No

<b>Company Name</b>	Company Address		
Supervisor Name	Supervisor Phone No. (    )	Reason for Leaving	
Position Title	Employment Dates: to	Number of Hours per week	Last Wage
Duties			

Eligible for Rehire:  Yes  No

<b>Company Name</b>	Company Address		
Supervisor Name	Supervisor Phone No. (    )	Reason for Leaving	
Position Title	Employment Dates: to	Number of Hours per week	Last Wage
Duties			

Eligible for Rehire:  Yes  No

List all Periods of Unemployment of 30 days or greater and Explain:

EMPLOYMENT HISTORY

PROFESSIONAL REFERENCES	Name:	Relationship:	Years Known:	
	Address:	City:	State:	Zip code:
	Phone Number:	Company:	Occupation:	
	Name:	Relationship:	Years Known:	
	Address:	City:	State:	Zip code:
	Phone Number:	Company:	Occupation:	
	Name:	Relationship:	Years Known:	
	Address:	City:	State:	Zip code:
	Phone Number:	Company:	Occupation:	

List any additional information that you feel may be helpful to us in considering your application.

EMPLOYMENT AGREEMENT	<ol style="list-style-type: none"> <li>I certify that all information given by me on this application and attached resume (if applicable) is true, complete and correct to the best of my knowledge. I understand that if I am employed, discovery that I gave false or misleading information during the application process may result in immediate dismissal.</li> <li>I authorize On-Call Healthcare, Inc. to solicit information regarding my character, general reputation, criminal history, previous employment, education, military service, and similar background information, and to contact any and all references I have given on my application and resume. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release On-Call Healthcare, Inc. from any liability for future references it may provide regarding my work history with On-Call Healthcare, Inc.</li> <li>I understand that upon my approval to submit my resume and/or upon my interview with a client of On-Call Healthcare, Inc. that I am obligated not to accept direct or indirect employment with that client for a period of 180 days, unless I have received written consent from On-Call Healthcare, Inc. I further acknowledge that during an assignment or following the completion of an assignment with a client of On-Call Healthcare, Inc. that I may not accept direct or indirect employment for a period of 180 days unless I have received written consent from On-Call Healthcare, Inc.</li> <li>I understand and agree to allow On-Call Healthcare, Inc. to release the Employment History section to clients upon request.</li> <li>I understand all information, which I obtain through the application or employment process, pertaining to On-Call Healthcare, Inc. and/or clients to whom I have been referred by On-Call Healthcare, Inc., is confidential and shall not be disclosed at any time.</li> <li>I understand that On-Call Healthcare, Inc. is an "at-will" employer. I understand that my employment can be terminated with or without cause, and with or without notice at any time, at the option of either On-Call Healthcare, Inc. or myself. I understand that no representative of On-Call Healthcare, Inc., other than the CEO or President, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.</li> <li>I hereby acknowledge that I have read and understand the preceding statements.</li> </ol>
	<p>Applicant Signature _____ Date _____</p>

# APPLICATION FOR EMPLOYMENT

## AUTHORIZATION FOR RELEASE OF INFORMATION

Please Print

Legal Last Name	Legal First name	Legal Middle Name		
List Any Names Previously Known By				
Social Security Number - -		Date of Birth		
Current address				
City	State	Zip	County	How long at this address?

Previous residences for the last 7 years: (complete city, state, county & period of time at each residence)

City	State	County	How long at this address?
City	State	County	How long at this address?
City	State	County	How long at this address?
City	State	County	How long at this address?
City	State	County	How long at this address?

I, the undersigned applicant for employment with On-Call Healthcare, Inc., in consideration of the review of my employment application, do hereby authorize all corporations, companies, educational institutions, law enforcement agencies, military services, credit agencies, D.M.V. records and former employers to release any information including my skills, background, character and personal reputation with regard to my suitability for employment with On-Call Healthcare, Inc. I agree to waive any claim or cause of action relating to such release and promise to defend and hold harmless those entities listed above, their officers and employees and the On-Call Healthcare, Inc., its officers and employees from any claim or loss arising from such release. It is my intention that any copy of this authorization be as effective as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date