

HMP NURSING SERVICES, INC. APPLICATION FOR EMPLOYMENT



STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY

HMP Nursing Services, Inc. is an equal opportunity employer and will not discriminate against any applicant, or employee on the basis of race, color, religion, age, sex, national origin, disability, or other reasons prohibited by law.

NAME: _____					
Last	First	Middle			
ADDRESS: _____					
Number	Street	City	State	Zip	
How long have you been at this address? _____			How long have you lived in this State? _____		
SOCIAL SECURITY #: _____ - _____ - _____		State of origin for Social Security#: _____			
Phone Numbers: _____			Date of Application: _____		

Have you ever applied with HMP Nursing Services, Inc. before? _____ If yes, date? _____

Have you ever worked for HMP Nursing Services Inc, Bedford Care Centers, or its related businesses? _____

If yes, list facility and year(s). _____

Who referred you to us? _____

Is this person employed with HMP Nursing Services, Inc.? _____

Are you related to any present or former Employee or Resident of this company? _____

If so, please list the name(s) of each person: _____

Name & phone# of person to notify in emergency: _____

WORK REQUIREMENTS

Although we will make every effort to provide you with the opportunity to work if hired, HMP Nursing Services, Inc. hires all staff on a part-time /as needed basis

Position Applied for: _____

Date available for work: _____

Will you need any special work hours or special time off from the job? _____ If yes, please explain: _____

Excellent attendance and punctuality are consistent and essential requirements of every job with this company. Is there anything that would interfere with your regular attendance and punctuality if you are hired with this company? _____ If yes, please explain: _____

HEALTHCARE LICENSES AND/OR CERTIFICATION

1. Are you currently licensed or certified? _____ If yes, in what year were you licensed? _____

Please provide license or certification number and issuing state(s) _____

If not, have you ever been licensed or certified in any state? _____ If so, what state(s)? _____

2. Is your license or certification in good standing and active? _____ Do you have any investigative or disciplinary action pending by any Licensure or Certification agency or Law Enforcement agency? _____

3. Have you ever had any disciplinary action taken against your license or certification? _____

If so, explain: _____

4. Do you presently have a Restricted License? _____

5. Has your license or certification ever been investigated, revoked, suspended, limited, subjected to discipline or probation by any board, licensing agency or governing authority? _____ If yes, explain in detail : _____

CRIMINAL BACKGROUND CHECK: The Mississippi Criminal History Background Law of 2003 and Federal Regulations, 42 CFR 483. 13(c)(l)(ii) (A)&(B) require criminal history checks for Healthcare Employees. Your fingerprints will be sent to the MS Department of Public Safety, MS Crime Information Center (MCIC) and the FBI’s National Crime Information Center (NCIC) for a State and National Criminal Record Check. Conviction for Traffic Violations and other minor offenses will not automatically disqualify you from being hired. However, falsification of any answers on this Employment Application or during the Employment process **WILL** disqualify you from being hired and/or continued employment, whenever the falsification is discovered, even after being hired.

YOU MUST ANSWER "YES" OR "No" BESIDE EACH ITEM.

HAVE YOU EVER, AT ANY TIME IN YOUR LIFE past or present, been arrested, charged, indicted, or involved in any way with any of the following, except for minor traffic violations?

- | | |
|---|--|
| _____ Any Arrest or Conviction for a Misdemeanor or Felony | _____ Ordered to provide Community Service |
| _____ Pre-Trial Diversion, Non-Adjudicated Sentence | _____ Jailed or Imprisoned |
| _____ Placed on Probation or Parole | _____ Received a Suspended Sentence |
| _____ Charges Passed To Files, Dropped or Withdrawn | _____ Any Arrest or Conviction Expunged |
| _____ Pled Guilty or Nolo Contendere (No Contest) to any charge | _____ Any Arrest or Charges Pending |

If yes, list date of each arrest, each Law Enforcement agency and the disposition of each charge/arrest: _____

LEGAL

Are you presently a party to any lawsuit as a witness, plaintiff, or defendant? _____ If so, will you need any special time off work for this matter, when and how long? Please explain : _____

WORK HISTORY

Are you presently on lay-off, leave of absence, strike, and subject to recall by another company? _____

If so, what company? _____ City/State: _____

Are you presently working anywhere full-time or part-time, including self-employment? _____ If yes, name of company and what kind of work? _____

Have you collected Unemployment Compensation Benefits within the past 5 years? _____

If yes, please list the name or the employer: _____

Have you ever been discharged or laid off from a job? _____ If so, what company(s) _____

What is your requested starting salary? _____

Starting with the current or most recent, list previous employers in reverse order to oldest one.

1. COMPANY NAME: _____ City/State: _____
 Telephone #: _____ Supervisor: _____
 Position when hired: _____ Present or last position: _____
 Dates employed: from month & year _____ to month & year _____
 Pay rate: _____ Discharged _____ Resigned _____ Reason: _____

2. COMPANY NAME: _____ City/State: _____
 Telephone #: _____ Supervisor: _____
 Position when hired: _____ Present or last position: _____
 Dates employed: from month & year _____ to month & year _____
 Pay rate: _____ Discharged _____ Resigned _____ Reason: _____

3. COMPANY NAME: _____ City/State: _____
 Telephone #: _____ Supervisor: _____
 Position when hired: _____ Present or last position: _____
 Dates employed: from month & year _____ to month & year _____
 Pay rate: _____ Discharged _____ Resigned _____ Reason: _____

4. COMPANY NAME: _____ City/State: _____
 Telephone #: _____ Supervisor: _____
 Position when hired: _____ Present or last position: _____
 Dates employed: from month & year _____ to month & year _____
 Pay rate: _____ Discharged _____ Resigned _____ Reason: _____

5. COMPANY NAME: _____ City/State: _____
 Telephone #: _____ Supervisor: _____
 Position when hired: _____ Present or last position: _____
 Dates employed: from month & year _____ to month & year _____
 Pay rate: _____ Discharged _____ Resigned _____ Reason: _____

6. COMPANY NAME: _____ City/State: _____
 Telephone #: _____ Supervisor: _____
 Position when hired: _____ Present or last position: _____
 Dates employed: from month & year _____ to month & year _____
 Pay rate: _____ Discharged _____ Resigned _____ Reason: _____

7. COMPANY NAME: _____ City/State: _____
 Telephone #: _____ Supervisor: _____
 Position when hired: _____ Present or last position: _____
 Dates employed: from month & year _____ to month & year _____
 Pay rate: _____ Discharged _____ Resigned _____ Reason: _____

EDUCATION

 Name of High School City & State Grade

 Name of College City & State Degree Year

 Name of Nursing School City & State Program Year

 Name of other schooling or Military Service City & State Rank Year

 Special skills, abilities, interests, or hobbies

THIS SECTION FOR OFFICE OR HUMAN RESOURCES USE

Date interviewed: _____ Interviewed by: _____
 Conditional Job Offer Tendered: _____ Yes _____ No Employed: _____ Yes _____ No
 Comments: _____

 Date of hire _____ Job Title/ Department: _____ Pay Rate _____

 Application Reviewed By _____ Date _____

POLICIES AND CONDITIONS OF EMPLOYMENT-PLEASE READ CAREFULLY

I certify that I am genuinely interested in employment in the position for which I have applied and this application has not been made for any other purpose or under false pretenses. I certify that my answers given in this employment application are true and complete to the best of my knowledge and I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any misleading or incorrect information, and/or positive drug or alcohol test may disqualify me from the hiring process, or if I am employed, may be cause for termination of my employment whenever discovered.

In making this application for employment, I understand that a background investigation will be conducted and information may be obtained from employers, neighbors, friends, law enforcement agencies, military records, instructors, co-workers, or others with whom I am acquainted before, during and after this application and/or employment. This inquiry includes information about my work history, criminal history, responsibility, character, general reputation, behavior, academic, financial and credit records. I authorize the persons, schools and organizations named above and others developed by the company, to give any information regarding my employment, qualifications, character, criminal record, academic record, training record and military record, together with any information they may have or know about me, whether or not it is in their records. I hereby release said companies, agencies, schools, law enforcement agencies, military branches and/or individuals from any and all liability for any damages flowing from providing this information.

I agree to submit to lawful polygraph tests, physical examinations, including blood, urine and saliva testing for detecting drugs and alcohol by persons and/or companies designated by this company, now and/or for any future tests and examinations that this company may require at a later date, as a condition of my continued employment.

I acknowledge that this company reserves the right to inspect all property, including cars, purses, lockers, desks, lunch boxes, packages and other containers, on this company's premises and if employed, I agree to cooperate with such inspections as a condition of continued employment. I agree that this company has permission to photograph me while on company property and to utilize these photographs in furtherance of this company's business.

I further acknowledge and understand that this company and its employees may, from time to time, monitor my performance and activities during my work shift or while I am on company property by electronic sound and video equipment. I also acknowledge that this company has my permission to engage in such monitoring and I fully release, forgive and acquit this company, its officers, employees and agents of any claim or complaint whatsoever that I may have against them relating directly or indirectly to this monitoring activity.

I acknowledge that if am employed with this company, my employment and the terms and conditions of my employment are at the absolute will and pleasure of the company. If employed, I agree that any oral statement or company-sponsored writings regarding the terms and conditions of my employment are unilateral policies, procedures, statements, explanations and instructions on the part of this company and lack any mutuality whatsoever unless a written employment contract is executed by this company and myself. If employed, I agree to abide by all company policies, procedures and instructions and acknowledge that this company has the absolute right at any time to make unilateral changes in its policies concerning my employment, with or without cause or notice, at the sole option of the company. My employment with this company may be terminated by me at any time, with or without cause or notice and may be terminated by this company at any time with or without cause or notice. I understand that no person other than the President of the company has any authority to enter into any contract regarding my employment, or for employment of any specific period of time, or to enter into any agreement inconsistent with the statements in this document.

I understand and agree that if hired, in the course of my employment, I will receive and become aware of information, plans, practices, policies, customer contacts, potential customers, documents and management philosophy relating to this company's business. I hereby acknowledge this information is sensitive and confidential and I agree and promise to keep all such information strictly confidential. I will not at any time or in any manner, directly or indirectly, without specific approval of the Corporate Compliance Officer, divulge, disclose, communicate, or use information I obtain or am exposed to with this company, for the benefit of any other company. I further agree that this obligation regarding confidentiality of information shall continue beyond the termination of my employment. I specifically agree that my confidentiality obligations shall extend for a period of three years following the termination of my employment and I further agree that such time is reasonable and justified.

I authorize this company to release to other prospective employers, law enforcement, government representatives, healthcare licensing and regulatory agencies any information regarding the information set forth in this application, other employment documents, my employment with this company, or other information obtained by this company before, during, and after my employment, from other companies, schools, law enforcement agencies, government agencies or individuals whether named in this application or not, and to give out any information regarding my employment, character, criminal history, qualifications and other information they may have or know at any time regarding me, whether or not it is in their records. I release this company and its employees from any and all liability for any damage resulting from issuing this information.

Applicant's Name

Date

Electronic Signature