



Employment Application

PHANTY HEALTHCARE, LLC

Name:			Position Applying for:		
Last (Print)	First (Print)	Middle Initial	SS# _____ - _____ - _____		
Street Address:			Phone Number:		
Street Address:		Apt/Floor No:			
City:		State/Zip:			
Languages Spoken:		Email:			
Work Availability: <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Live-Out/Hourly <input type="checkbox"/> Per-Diem. <input type="checkbox"/> Live-In					
Are there any other names you have used in your present or past work experience?					
Professional License/Certificate	License Issuing Authority/Board	License Number	Expiration Date		
Education: School/College (include city/state)—begin with last institution attended Degree Earned Year					
Employment History:		Phone Number	Immediate Supervisor	Employment Dates	
Employer	Location			From	To

Please list any and all areas of actual working experience and period of time during which experience was acquired (for example, ICU – one year, med surg, etc.):			
Please explain, in detail, any periods of unemployment or reasons for leaving each employer:			
Why are you interested in this position?			
Have you Ever worked for Phanty Health Care before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when? _____		How did you hear about Phanty Health Care? _____	
What special qualifications do you have that would be helpful in this position (e.g., speak a foreign language, skills, proficient with specific computer programs)?			
Date available to Work:			
Malpractice Ins. Carrier Name	Malpractice Ins. Address	Policy Number	Expiration Date
Professional References: Name	Address	Email	Phone Number
<p>Please read before signing:</p> <p>My signature verifies that information provided in this application is true and complete. I understand the agency is an Equal Opportunity Employer. I understand that falsification, including withholding of information, on this application is grounds for immediate dismissal if I am selected for a position. I further understand that if I am hired, I can be terminated, with or without cause and with or without notice. I agree to have my picture taken for identification purposes and to submit to drug screening tests, upon request. I understand that all references listed above may be contacted in addition to past employers and educational institutions:</p> <p>I, _____, hereby authorize Phanty Healthcare, LLC to request and receive from all prior employers within one (1) year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.</p> <p>Applicant Signature _____ Date _____</p>			