



Please complete the material in the packet with proper signatures, dates and initials where applicable. Return it to the Human Resource Department. Please provide the following documents with this application packet:

- Driver's License
- Auto Insurance
- Professional Liability Insurance, if applicable
- Professional License, if applicable
- Social Security Card
- TB/Chest X-ray/Physical Evaluation, if applicable
- CPR card, if applicable



APPLICATION FOR EMPLOYMENT

Date of Application: ____ / ____ / ____

Name: _____
Last, First Middle

Address: _____
Number Street City, State Zip

Home: (____) ____ - ____ Mobile: (____) ____ - ____ Fax: (____) ____ - ____

Date of Birth: ____ / ____ / ____ Email: _____

Classification: RN LVN CHHA OTHER: _____

Available Days for Work: Sun. Mon. Tue. Wed. Thurs. Fri. Sat.

Do you have a valid California driver's license? YES NO

Do you have a car? YES NO

Are you presently employed? YES NO

May we contact your current employer? YES NO

Do you have the necessary Visa or Immigration Status to work legally in the U.S.? YES NO

Have you ever been injured on the job? YES NO

If yes, give date and provide details: _____

Have you filed a worker's compensation case? YES NO

If yes, please explain: _____

How did you hear about Acacia? _____

Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, or the presence of a non job-related medical condition or handicap.

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with you present or last job. Include military assignments and volunteer activities. Exclude organization names indicative of race, religion, color, sex, or national origin.

Employer:	Dates Employed:	Job Title/ Work Performed:
Tel: (____) _____ - _____	From: To:	
Address:		
City, State, Zip:		
Supervisor:		
Reason for leaving:		
Employer:	Dates Employed:	Job Title/ Work Performed:
Tel: (____) _____ - _____	From: To:	
Address:		
City, State, Zip:		
Supervisor:		
Reason for leaving:		
Employer:	Dates Employed:	Job Title/ Work Performed:
Tel: (____) _____ - _____	From: To:	
Address:		
City, State, Zip:		
Supervisor:		
Reason for leaving:		

Please indicate the number of year's experience:

Home Health _____	PICU _____
ICU _____	MED/ SURG. _____
CCU _____	Pediatrics _____
SICU _____	Labor & Delivery _____
ER _____	Post Partum _____
Telemetry _____	Nursery _____
NICU _____	Hospice _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualification acquired from other employment experiences.

Indicate the languages you speak, read, and/ or write besides English.

Speak: _____ Fluent Good Fair

Read: _____ Fluent Good Fair

Write: _____ Fluent Good Fair

In case of an emergency, who is the person you wish to be notified?

Name: _____ Relationship: _____

Tel.: (____) ____ - ____ Cell: (____) ____ - ____ Work: (____) ____ - ____

Provide names and telephone numbers of three (3) references who are not related to you and are not previous employers.

Name: _____ Tel.: (____) ____ - ____

Name: _____ Tel.: (____) ____ - ____

Name: _____ Tel.: (____) ____ - ____

	School Name/Address	Year Graduated	Diploma/Degree
High School:			
College/ University:			
Post Graduate:			

Describe: *Specialized Training, Apprenticeship, Skills & Extra-curricular Activities and Honors received.*

FOR OFFICE USE ONLY		
VERIFICATION OF REFERENCES: (Check Above)		
NAME:	DATE VERIFIED:	BY WHOM: (Full Name & Initials)

PLEASE PROVIDE THE FOLLOWING

Professional License	DMV License	CPR Card
Physical Examination	Chest X-ray/TB	Auto Insurance
Immunization Card	Liability Insurance	Social Security Card

I understand that I must keep these active and valid promptly notify Acacia of any changes and expirations.

Signature: _____ Date: ____ / ____ / ____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and it not intended to be, a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am requires to abide by all rules and regulations of Acacia.

_____ Date: ____ / ____ / ____
Signature of Applicant

FOR OFFICE USE ONLY

Arrange Interview: Yes No

Remarks:

Employed: Yes No

Date of Employment: ____ / ____ / ____

Job Title: _____

Hourly Rate: _____

Salary: _____ Department: _____

By: _____

Date: ____ / ____ / ____

Name and Title