



APPLICATION FOR EMPLOYMENT

Date of Application: ____ / ____ / ____

Name: _____
Last, First Middle

Address: _____
Number Street City, State Zip

Home: (____) ____ - ____ Cell: (____) ____ - ____ 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

If offered employment, can you submit verification of your legal right to work in the United States? YES NO

Are you capable of satisfactorily performing the essential job duties for the Position for which you are applying with or without reasonable accommodation? YES NO

If no, please describe the job duties which cannot be performed.

(Note: Acacia complies with ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential duties. Applicants are also considered for all positions without regard to race, color, religion, sex, orientation, national origin, age, marital or veteran status, or the presence of a non job-related medical condition or handicap.)

How did you hear about Acacia? _____

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

YOUR PAY EXPECTATION RANGE: \$ _____ - \$ _____

Please indicate the number of year's experience:

Home Health _____	Hospice _____
ICU _____	MED/SURG _____
CCU _____	Pediatrics _____
SICU _____	SNF/Sub-Acute _____
ER _____	Post Partum _____
Telemetry _____	Nursery _____
NICU _____	PICU _____

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 UPON HIRE

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.

Signature of Applicant Date: ____ / ____ / ____

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

From: Alex@Acaciahealth.net



BACKGROUND CHECK DISCLOSURE AND RELEASE AUTHORIZATION FORM FOR EMPLOYMENT PURPOSES

Background Screening Disclosure

Acacia (the "Company") may request a comprehensive review of your background information for a consumer reporting agency in connection with your employment application and for employment purposes, including promotion, reassignment, or retention as an employee. Your background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment. AccuSearch, Inc. 2338 W Royal Palm Rd Ste J, Phoenix, AZ 85021 and its designated agents and representatives or another consumer reporting agency will prepare or assemble the reports. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: consumer credit, names and dates of previous/current employment, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, education verification, license verification, civil cases, OIG/OFAC lists, any sanctions lists, and drug testing. These reports may include information as to your general reputation, character, personal characteristics, and mode of living, work habits, job performance and experience along with reasons for termination of past employment from previous employers. You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization and Release

I, _____ authorize the complete release of these records or data pertaining to me which and individual, company, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described above, without any reservation, throughout the duration of my employment at the Company. I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile ("fax"), or copy form.

California, Minnesota or Oklahoma applicants only - You will be provided with a copy of any consumer reports or investigative consumer reports obtained on you if you check this box. I wish to receive a copy of the report email _____

Signature: _____ **Date:** _____

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. **PLEASE PRINT LEGIBLY:**

_____ **Print Full Name (Last Name, First Name, Middle)**

_____ **Maiden/AKA/Previous Name(s)**

_____/_____/_____
_____ **Social Security Number (SSN)**

_____/_____/_____
_____ **Date of Birth (MM/DD/YYYY)**

_____ **Driver's License Number**

_____ **State of Issue**

_____ **Current Address**

_____ **City and State**

_____ **ZIP/Postal Code**

(_____) _____
_____ **Phone Number**

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Email back → backgroundscreening@accusearch.biz



ADDITIONAL INFORMATION
(PLEASE PRINT LEGIBLY)

Previous Address

City and State

ZIP/Postal Code

Previous Address

City and State

ZIP/Postal Code

Previous Address

City and State

ZIP/Postal Code

Education Information (highest degree earned)

Name of Institution

City and State

Degree Received

Year of Graduation

Employment Information (past 7 years) *IF ADDITIONAL SPACE IS REQUIRED ATTACH A COPY OF YOUR RESUME*****

Name of Employer or Staffing Agency

City and State

Title

____/____ to ____/____
MM/YYYY MM/YYYY

Name of Employer or Staffing Agency

City and State

Title

____/____ to ____/____
MM/YYYY MM/YYYY

Name of Employer or Staffing Agency

City and State

Title

____/____ to ____/____
MM/YYYY MM/YYYY

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Title

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MM/YYYY MM/YYYY

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Title

____/____ to ____/____
MM/YYYY MM/YYYY

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City and State

Title

____/____ to ____/____
MM/YYYY MM/YYYY