

Ageia Health Services

APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

Directions: Please complete all pages of the attached application packet, along with skills checklists and tests for all specialties you wish to list with and return the completed packet directly to your local office. If you have a more detailed resume you would rather use, you may indicate this on the duties portion of your application and attach a copy. Once we have received your completed application we will conduct a check of your references and criminal history, you will receive a call from us within one week responding to your application. Those nurses and therapists who meet our qualifications will receive a hiring packet by mail with a conditional offer of employment.

POSITION APPLIED FOR _____ DATE OF APPLICATION _____
 SPECIALTIES: _____ FACILITY PREF: HOSP, LTC, HH, ALF

PERSONAL			
PLEASE PRINT USING BALLPOINT PEN			
FULL NAME	FIRST	MIDDLE	LAST
			SOCIAL SECURITY NUMBER
PRESENT ADDRESS	STREET	CITY	STATE ZIP
			HOW LONG TELEPHONE #
PREVIOUS ADDRESS	STREET	CITY	STATE ZIP
			HOW LONG TELEPHONE #
PERMANENT ADDRESS IF DIFFERENT FROM ABOVE:		DRIVERS LICENSE NUMBER/ STATE	EMAIL ADDRESS:
ALTERNATE CONTACT INFORMATION SUCH AS TEMPORARY ADDRESS::			
HAVE YOU EVER WORKED FOR THE COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where? Approximate date: mo/ yr		Reason for leaving:	
HOW WERE YOU REFERRED TO AGEIA HEALTH SERVICES?			

GENERAL INFORMATION			
WHY DO YOU WANT THIS JOB AND HOW DOES IT FIT IN WITH YOUR FUTURE PLANS?			
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S) YOU ARE APPLYING FOR?			
EXPECTED WAGE:	DATE AVAIL FOR WORK::	ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Overtime	
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU AVAILABLE TO TRAVEL? <input type="checkbox"/> Yes <input type="checkbox"/> No DISTANCE FROM HOME OF RECORD?		
PLEASE CHECK PREFERRED SCHEDULE:			
A. <input type="checkbox"/> I am available and desire to work FULL-TIME and do not have restrictions on my hours and days (complete section B)			
<input type="checkbox"/> I am available and desire PART-TIME work (if less than 30 hours a week, please complete sections A & B)			
<input type="checkbox"/> I am only available for PART-TIME work because:			
<input type="checkbox"/> Student <input type="checkbox"/> Other job <input type="checkbox"/> Other (explain) _____			
	Sun	Mon	Tue
Days			
Evenings			
Nights			
Facilities to which you have already been oriented: _____			
Facilities to which you are ineligible for rehire/ agency placement: _____			
Facilities to which you have applied for employment within the last 90 days: _____			

EDUCATION					
EDUCATION TYPE OF SCHOOL	NAME, CITY & STATE OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YR ATTENDED	GRADUATED	DEGREE
COLLEGE			1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS, TRADE, OTHER			1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	

LICENSURE & CERTIFICATION

(ATTACH ADDITIONAL PAGE IF NECESSARY)

TYPE	STATE	EXPIRATION DATE	TYPE	STATE	EXPIRATION DATE	TYPE	STATE	EXPIRATION DATE

EMPLOYMENT HISTORY

ARE YOU EMPLOYED NOW? YES NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

BEGIN WITH YOUR MOST RECENT EMPLOYMENT (10 years min) AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY).

I EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO	YR				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
	MO	YR				
CITY, STATE (ZIP)						
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY PERIODS BETWEEN JOBS:

II EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO	YR				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
	MO	YR				
CITY, STATE (ZIP)						
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY PERIODS BETWEEN JOBS:

III EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO	YR				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
	MO	YR				
CITY, STATE (ZIP)						
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY PERIODS BETWEEN JOBS:

IV EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO	YR				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
	MO	YR				
CITY, STATE (ZIP)						
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY PERIODS BETWEEN JOBS:

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR RESIGNED IN LIEU OF TERMINATION?
 NO YES IF YES, PLEASE EXPLAIN:

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ADDITIONAL EXPERIENCE OR QUALIFICATIONS:

Summarize special skills and qualifications, volunteer activities, military experience, hobbies, employment or other activities related to the job you are seeking and which you would like to be considered in connection with your application for employment.

ORAPP -11/00

BUSINESS OR PERSONAL REFERENCES

LIST PERSONS WHO HAVE INFORMATION CONCERNING YOUR WORK HISTORY

NAME	OCCUPATION	BUSINESS PHONE
HOME ADDRESS HOME PHONE CITY AND STATE	TITLE HOW LONG KNOWN	
NAME	OCCUPATION	BUSINESS PHONE
HOME ADDRESS HOME PHONE CITY AND STATE	TITLE HOW LONG KNOWN	

SUPPLEMENTAL INFORMATION

EQUAL EMPLOYMENT OPPORTUNITY Ageia Health Services is committed to equal employment opportunity in all of its employment practices. Decisions involving every aspect of the employment relationship are made without regard to an employee's race, color, creed, religion, sex, age, national origin, marital status, veteran status, workers' compensation, disability, or any other status or characteristic protected under applicable state or federal law, unless it is a bona fide occupational requirement necessary to the normal operation of the business.

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING. YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY YOU WILL BE EMPLOYED.

Signature of this application gives the employer authority to run a Motor Vehicle Record report. Our insurance company may also run a report. If the position you are applying for constitutes driving a motor vehicle, it is imperative that a good driving record exists.

I understand the following: That the employer may elect to engage an investigative consumer reporting agency to report on my credit and personal history; that if such decision is made, the company will provide me with further required information; and that my signature on this application gives the employer authority to engage such an agency.

I certify that all answers and statements I have made on this application (and any other accompanying or required documents) are true and complete without omissions. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

YES NO

I understand that my employment may be subject to the satisfactory results of any examination required by Ageia Health Services, including a mandatory urine test to detect drug usage and hereby submit to said testing. I agree to conform to all rules and regulations of the company as they presently exist or are later modified. I recognize that my employment is at will and may be terminated at the discretion of the company or at my option, without notice, at any time, except as specifically set forth in writing in a current written agreement signed by the President.

YES NO

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Ageia Health Services or myself for employment for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

YES NO

I acknowledge that I have read, understand, and agree with the above. In addition, I hereby authorize any of the persons of organizations named in the application (or other accompanying or required documents) to give you complete information and records regarding my employment, education, character and qualifications. This application is valid for only sixty (60) days from the date signed. If I want to be considered for job openings more than sixty (60) days from date signed, I will submit a new application

YES NO

Signature of this application gives the employer authority to obtain a criminal record background report from The State of Oregon.

DATE

SIGNATURE OF APPLICANT

Ageia Health Services
Application Agreement

If one of Ageia Health Services clients offers you a permanent position your answer should be that you are employed by Ageia Health Services. You are certainly free to work for the employer of your choice; however, Ageia Health Services is not a permanent placement agency, and our client has an obligation to compensate us for the expense incurred in recruiting, screening and placing you. Should you choose to work for our client, notify the Ageia Health Services' Director and arrangements can be made for you to work for them, through us, as our employee, on our payroll, for a 90 day period, at which time we would release you from the agreement which you have signed.

I hereby agree, inconsideration of receiving employment from Ageia Health Services:

1. To not seek or accept employment from any client of Ageia Health Services to whom I have been assigned, for at least 90 days after the last date of that assignment;
2. That is my responsibility to provide Ageia Health Services with my available days and hours, on a weekly basis, in order to be scheduled for work;
3. That Ageia Health Services is a drug-free work place and acknowledge that assignments at certain facilities may require submission to drug testing in accordance with federal, state, and local laws;
4. That placement on assignments at certain facilities and/or private homes may require criminal background investigation. I hereby authorize Ageia Health Services to conduct such an investigation.

I certify that the information provided in this application is complete and true to the best of my knowledge. I realize that misrepresentation of facts may be cause for rejection of this application or termination of employment. I authorize Ageia Health Services to contact all of my previous employers and the professional references listed in my employment application and request any, and/or all of my former employers to furnish a complete history of my services with them, together, with information concerning my personal character, habits, ability, disposition, etc., and particularly a statement of the cause of separation. I hereby release the above parties from any and all liability for damages of whatever nature on account of furnishing, receiving or acting upon requested information.

I also grant permission to Ageia Health Services to provide the information contained herein to their clients or potential clients for the purpose of seeking assignments for me. I understand that, if I have not worked for Ageia Health Services for over one year, that I may be asked for additional references and employment information. I understand that completion of my application and Ageia Health Services entire application process does not guarantee my hire. I also understand that Ageia Health Services is a temporary staffing service and does not guarantee the availability of work assignments. Ageia Health Services is an equal opportunity employer and consideration for employment is based solely upon qualifications without regard to race, color, national origin, gender, age, religion, disability or veteran military status.

Signature: _____ Date _____ Name (Print): _____



Employment Reference

Applicant Name: _____ Social Security #: _____

Employer's Name: _____

Supervisor's Name: _____ Telephone #: _____

Address: _____ Fax#: _____

City, State, Zip: _____

I authorize the following information to be released to Ageia Health Services:

Signature: _____ Date: _____

(Applicant: please complete the section above and return it with the rest of your application)

Dear Employer:

The individual above has applied to work for Ageia Health Services and has submitted your name as a former employer for reference purposes. Due to the serious nature and the responsibility of working in the healthcare industry, it is extremely important for us to perform thorough reference checks. Therefore we would appreciate your cooperation in completing the following questions and returning the form to us as soon as possible. (Fax- local: 541-312-0077) Thank you in advance for your cooperation and assistance.

Position(s) Held: _____ Employed From: _____ To: _____

Eligible for rehire: Yes No

	Exceeds	Meets	Below
Quality of Work			
Quantity of Work			
Attendance Habits			
Communicates Effectively			
Demonstrates Competent Skills			
Demonstrates courteous, cooperative, respectful behavior towards co-workers and patients			
Ability to handle stress			
Overall Nursing Skills			

Additional Comments:

Name: _____ Title: _____

Signature: _____ Date: _____