

**MINDFUL HEALTHCARE AGENCY & STAFFING, LLC**  
**EMPLOYMENT APPLICATION**

Please print clearly. This application must be completed and all questions regarding your training and work experience answered. All information on the application is confidential. MINFUL HEALTHCARE AGENCY will not contact your present employer without your consent.

<b>Name: (Last)</b>			<b>(First)</b>			<b>(Middle initial)</b>		
<b>Other Name: (if applicable)</b>						<b>Social Security #:</b>		
<b>Current Address:</b>								
						<b>(Apt. #)</b>		
<b>City:</b>			<b>State:</b>		<b>Zip Code:</b>		<b>Length of time at this address:</b>	
<b>Previous Address:</b>								
						<b>(Apt. #)</b>		
<b>City:</b>			<b>State:</b>		<b>Zip Code:</b>		<b>Length of time at this address:</b>	
<b>Home Phone: ( ) ( ) ( )</b>			<b>Cell Phone: ( ) ( ) ( )</b>			<b>Other Phone: ( ) ( ) ( )</b>		

**If hired, can you provide proof of legal right to work in the US? :  Yes  No**

**Position Applying for:  Admin.  RN  Social Worker  LPN  HHA  PCA  Homemaker  PT/OT/RT  MSW  Clerical  Other**

**REFERRAL SOURCE**

- Walk-in       Government Employment Agency       Advertisement- Source \_\_\_\_\_  
 Employee       Relative       School  
 Other \_\_\_\_\_ Name of person who referred you IF APPLICABLE \_\_\_\_\_

**Which Languages can you speak: (Check all that apply)  Spanish  Russian  Polish  Hebrew  Yiddish  Hungarian  French**

**Other (specify)**

EDUCATION/SCHOOLS ATTENDED	NAME OF SCHOOL AND ADDRESS	DID YOU GRADUTE	COURSE OF MAJOR	DIPLOMA OR DEGREE	YEAR COMPLETED
HIGH SCHOOL					
COLLEGE					
GRADUTE SCHOOL.					
BUSINESS SCHOOL					
TRAINING PROGRAM					

**WORK HISTORY**

Name, Address and Phone # of Current/Former Employers	From: Mo/Yr	To: Mo/Yr	Job Title	Supervisor's Name	Salary	Reason for leaving

**ADDITIONAL REFERENCES:**

NAME	ADDRESS / PHONE#	RELATIONSHIP

HHA Hours Available: (Check all that apply)  4 hours AM  4 hours PM  8 hours  12 hours AM  12 hours PM  Live In

<b>AVAILABILITY</b>									
APPLYING FOR <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	HOURS AVAIL.	M	T	W	T	F	S	S	
IF PART TIME <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS	FROM								
TOTAL HOURS AVAILABLE PER WEEK:	TO								
WILL YOU WORK OVERTIME IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO , PLEASE EXPLAIN _____									
POSITION DESIRED					SALARY DESIRED			DATE YOU CAN START	

Have you ever been bonded?  Yes  No - If Yes, by Whom:

Have you ever been convicted of a crime?  Yes  No - If Yes, Explain:

Professional Licenses:

Profession:	Lic. No:	Exp. Date:	Verification Date/person
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Professional Licenses:

Have you ever been sanctioned by Medicare/Medicaid  Yes  No

Para-Professional certification:  HHA  PCA

School/Training Program:	Verification: Date/person
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I certify that the information given by me is true and correct and without any omission. I understand and agree that any false statement or intentional omission on this application or any subsequently furnished from constitutes cause for discharge at any time during my employment by Mindful Healthcare Agency & Staffing.

I authorize Mindful Healthcare investigate all statements made in this application. I further authorize Mindful Healthcare to make any investigation of my credit, criminal and driving records in connection with this application and anytime thereafter in connection with my employment.

I authorize the references listed in this application, to provide Mindful Healthcare will all information concerning my previous employment and any other pertinent information about me that they may have.

I understand that all information obtained during pre-employment screening is held by Mindful Healthcare in confidence and will not be released to a third party unless Pavilion Medical is required by law or is specifically authorized to do so by me.

Applicant's Signature

Today's Date

**MINDFUL HEALTHCARE AGENCY is an equal opportunity employer. We do not discriminate because of age, race, creed, color, sexual orientation, disability, citizenship status, national origin, marital status, veterans status or the presence of a non-job related medical condition or handicap or any other legally protected status.**

**For Administrative Use Only**

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Internet Ad     Newspaper Ad     Magazine Ad     Friend \_\_\_\_\_

PAVILION MEDICAL Employee \_\_\_\_\_     Walk In     Other

**Position(s) applied for**             Available             Not Available

**Other positions considered for** \_\_\_\_\_  
\_\_\_\_\_

**Hired**  Yes     No    **Starting Salary:** \_\_\_\_\_ **Date of Orientation:** \_\_\_\_\_

**Position hired for** \_\_\_\_\_ **Date of hire** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**From the EEO job classifications listed below, which one best describes the position filled?**

- Officials and Managers**     **Sale Workers**                             **Operatives (semi-skilled)**  
 **Professionals**                     **Office and Clerical Workers**     **Laborers (unskilled)**  
 **Technicians**                     **Craft Workers**                             **Service Workers**

**Notes** \_\_\_\_\_

**Completed by** \_\_\_\_\_ **Date** \_\_\_\_\_