



Office & Fax: 888-678-2243  
Email: Contact@Opt2Care.com

## EMPLOYMENT APPLICATION

Please complete this application as completely and accurately as possible.

### PERSONAL INFORMATION

Name: Last First Middle

Address

City State Zip Code

Are you over the age of 18?  Yes  No

Are you a US Citizen?  Yes  No If no, do you have the legal right and necessary documents to work in the US?  Yes  No (Identity and employment eligibility will be verified as required by law.)

Have you lived in NJ 2 years or more?  Yes  No

Today's Date

Social Security Number

Home Telephone Number

Cell Phone Number

E-Mail Address

Nursing Lic # / CNA Cert #

### EMPLOYMENT INFORMATION

Position Desired \_\_\_\_\_  Part time  Full time Shift Preference \_\_\_\_\_

Salary Requirement \_\_\_\_\_ Date available for work \_\_\_\_\_

Do you possess a valid driver's license?  Yes  No Driver's License Number \_\_\_\_\_

Do you have your own transportation?  Yes  No

Have you applied here before?  Yes  No If so, when? \_\_\_\_\_

How were you referred to us?  Classified adv. Where did you see adv.? \_\_\_\_\_

Employee of this Agency Please give us their name \_\_\_\_\_

Other Please tell us \_\_\_\_\_

### QUALIFICATIONS & EXPERIENCE

Education:

High School \_\_\_\_\_

College/Technical Training \_\_\_\_\_

Nursing School \_\_\_\_\_

Technical Training \_\_\_\_\_

Did you graduate?

Yes  No \_\_\_\_\_

Yes  No \_\_\_\_\_

Yes  No \_\_\_\_\_

Yes  No \_\_\_\_\_

Languages spoken in addition to English \_\_\_\_\_

Can you perform all of the job-related functions of the position(s) for which you are applying?  Yes  No If no, please explain: \_\_\_\_\_

Do you have current CPR certification?  Yes  No Expiration date: \_\_\_\_\_

Why do you want to work for this agency?

\_\_\_\_\_  
\_\_\_\_\_

## PAST & PRESENT EMPLOYERS

### Current Employer:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Date started \_\_\_\_\_  
May we contact?  Yes  No Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

### Past Employers:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Salary \_\_\_\_\_  
May we contact?  Yes  No Supervisor \_\_\_\_\_  
Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Salary \_\_\_\_\_  
May we contact?  Yes  No Supervisor \_\_\_\_\_  
Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Reason for leaving \_\_\_\_\_

## REFERENCES *(Give work or medical field related references. Do not list relatives or personal friends.)*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ How I know \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Years acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ How I know \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Years acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ How I know \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Years acquainted \_\_\_\_\_

## CRIMINAL BACKGROUND INQUIRY

Have you ever been convicted of a crime, other than a minor traffic offense, or pled no contest to a crime?

Yes  No If yes, please explain.

Details: \_\_\_\_\_

*(You will not be denied employment solely because of a conviction record, unless the offense is related to the work for which you have applied.)*

## EMERGENCY CONTACT

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship to you \_\_\_\_\_

"I certify that the facts contained in this application are true and complete and to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you."

Signature \_\_\_\_\_

Date \_\_\_\_\_