



EMPLOYMENT APPLICATION
An Equal Opportunity Employer



TYPE/PRINT IN INK Please complete the application by typing or clearly printing in dark ink. Submit a separate application (photocopy acceptable) for each recruitment announcement. If your application materials do not clearly show you meet the qualifications of the job for which you are applying, your application will not be accepted.

JOB APPLIED FOR (Listed on the recruitment announcement):

☐ RN ☐ LPN / LVN ☐ SURG TECH ☐ HOME CARE ☐ OTHER _____

NAME AND ADDRESS

NAME (LAST, FIRST, M.I.):			HOME TELEPHONE (include area code):
MAILING ADDRESS:			WORK TELEPHONE (Provide only one including area code):
CITY	STATE	ZIP CODE:	CELL PHONE or OTHER (include area code):
EMAIL ADDRESS:			

EMERGENCY CONTACT

CONTACT NAME, ADDRESS, CITY AND STATE:	TELEPHONE (Provide only one including area code):
RELATIONSHIP:	

BEEN DISMISSED OR FIRED FROM A POSITION FOR ANY REASON? <input type="checkbox"/> Yes <input type="checkbox"/> No	RESIGNED FROM OR QUIT A POSITION WHILE UNDER INVESTIGATION OR AFTER BEING INFORMED DISCIPLINE WOULD BE TAKEN AGAINST YOU, OR DURING AN APPEAL FROM A DISCIPLINARY ACTION? <input type="checkbox"/> Yes <input type="checkbox"/> No	BEEN REJECTED OR TOLD YOU WOULD NOT RECEIVE PERMANENT OR CONTINUED EMPLOYMENT DURING ANY TYPE OF PROBATIONARY OR TRIAL PERIOD ON THE JOB? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No
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WORK SCHEDULE AVAILABILITY

STATUS PREFERENCE: (Check All That Apply) <input type="checkbox"/> FULL TIME (F) <input type="checkbox"/> FULL OR PART TIME (E) <input type="checkbox"/> PART TIME (P) <input type="checkbox"/> INTERMITTENT (I) <input type="checkbox"/> ANY (B)	SHIFT PREFERENCE: (Check All That Apply) <input type="checkbox"/> DAY SHIFT (D) <input type="checkbox"/> AFTERNOON (A) <input type="checkbox"/> NIGHT (N) <input type="checkbox"/> ANY (X)	HOW DID YOU HEAR OF US? <input type="checkbox"/> Yes <input type="checkbox"/> No
WOULD YOU OBJECT TO HAVING ANY OF THE LISTED EMPLOYERS CONTACTED IN REGARD TO YOUR WORK?		<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION / TRAINING HISTORY

List colleges, military, trade, business or other schools attended.

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A GED CERTIFICATE? (CHECK ONE) ☐ Yes ☐ No

	Name and Location Of School, College, or University	Course of Study (List Major)	Did You Graduate? (Yes / No)	Degree or Certificate Received
A				
B				
C				

LICENSE / REGISTRATION / CERTIFICATE

List any **required** professional license, registration, certificate, etc.

Description	State	Number	Expiration

GO TO WORK HISTORY ON NEXT PAGE

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WORK HISTORY

JOB NUMBER 1:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER
TYPE OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER
YOUR JOB TITLE		
FROM (MONTH – YEAR)	TO (MONTH - YEAR)	
DUTIES (List all duties you performed.):		
Reason for leaving this position:		

JOB NUMBER 2:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER
TYPE OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER
YOUR JOB TITLE		
FROM (MONTH – YEAR)	TO (MONTH - YEAR)	
DUTIES (List all duties you performed.):		
Reason for leaving this position:		

JOB NUMBER 3:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER
TYPE OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER
YOUR JOB TITLE		
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
DUTIES (List all duties you performed.):		
Reason for leaving this position:		

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FITNESS FOR POSITION		
1. The essential function of a health care provider is to provide a standard of care that is acceptable within his/her specialty. Are you capable of performing this function with or without reasonable accommodation?	<input type="radio"/> Yes	<input type="radio"/> No
2. Are you authorized to work in the United States?	<input type="radio"/> Yes	<input type="radio"/> No
3. Are you currently abusing alcohol, using any illegal drugs, or failing to take legally prescribed drugs in the manner prescribed?	<input type="radio"/> Yes	<input type="radio"/> No
4. Have you abused alcohol, used illegal drugs, or failed to take legally prescribed drugs in the manner prescribed in the past?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, what drugs, and how recently have you used these illegal drugs?		
If you answer Yes to ANY of the following, provide a full explanation on a separate sheet		
PROFESSIONAL LIABILITY		
1. Have any malpractice claims, suits, settlements or arbitration proceedings been made against you?	<input type="radio"/> Yes	<input type="radio"/> No
2. Are there any claims, suits or settlements pending against you or against any professional entity in which you are a member?	<input type="radio"/> Yes	<input type="radio"/> No
*If you answered YES to any of these questions, please include a personal summary on each case to include: Year occurred, Status (i.e., pending, closed, etc.), Settlement amount, Details of the case, Malpractice carrier.		
*In addition to your summary of events, please include any and all additional documentation available from attorneys and/or malpractice carriers.		
If you answer Yes to ANY of the following, provide a full explanation on a separate sheet		
DISCIPLINARY ACTIONS		
1. Have you ever been convicted of a felony or a misdemeanor? (A "yes" answer will not automatically disqualify you from consideration for placement on M & M Home Care's roster of eligible providers. Factors such as when the offense was committed and the seriousness and nature of the offense will be considered.)	<input type="radio"/> Yes	<input type="radio"/> No
2. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? (A "yes" answer will not automatically disqualify you from consideration for placement on M & M Home Care, Inc.'s roster of eligible providers. Factors such as when the offense was committed and the seriousness and nature of the offense will be considered.)	<input type="radio"/> Yes	<input type="radio"/> No
3. Have you ever been denied or surrendered a state or federal controlled substances certificate?	<input type="radio"/> Yes	<input type="radio"/> No
4. Has your license to practice in your profession in any state been reprimanded, sanctioned, placed on probation, curtailed, suspended, revoked, restricted, denied or voluntarily surrendered?	<input type="radio"/> Yes	<input type="radio"/> No
5. Have you ever been denied a certificate by, or the privilege of taking an examination before, any state board?	<input type="radio"/> Yes	<input type="radio"/> No
6. Have your staff/clinic privileges at any hospital, health care facility, or clinic been denied, revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?	<input type="radio"/> Yes	<input type="radio"/> No
7. Have you ever been terminated from employment?	<input type="radio"/> Yes	<input type="radio"/> No
8. Have you ever been disciplined by any state board for any violation of the Medical Practice Act or unethical conduct?	<input type="radio"/> Yes	<input type="radio"/> No
9. Have you ever been denied provider participation in any state or federal Medicare or Medicaid programs?	<input type="radio"/> Yes	<input type="radio"/> No
10. Have you ever been terminated, sanctioned, penalized or had to repay money to any state or federal Medicare/Medicaid programs?	<input type="radio"/> Yes	<input type="radio"/> No
11. Have you ever been the subject of any investigative or disciplinary proceedings or reprimanded by a governmental or administrative agency?	<input type="radio"/> Yes	<input type="radio"/> No
12. Have you ever been convicted of a violation of any federal or state narcotic laws? (A "yes" answer will not automatically disqualify you from consideration for placement on The M & M Group, Inc.'s roster of eligible providers. Factors such as when the offense was committed and the seriousness and nature of the offense will be considered.)	<input type="radio"/> Yes	<input type="radio"/> No
13. Have you ever been disciplined by a hospital staff or training program?	<input type="radio"/> Yes	<input type="radio"/> No
14. Is there any other issue that should be disclosed that may have an adverse impact on your ability to deliver effective care?	<input type="radio"/> Yes	<input type="radio"/> No
Military Service: On a separate sheet of paper please explain the circumstances of any less than honorable discharge received. A less than honorable discharge will not be an automatic bar to placement on M & M Home Care's roster of eligible providers.		
MILITARY SERVICE		
<input type="radio"/> Yes <input type="radio"/> No	Branch: _____	Date(s) of Service: _____

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CERTIFICATION AND SIGNATURE

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I agree that, if hired, I may be discharged if M & M Home Care learns of any falsification or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration not only for this position, but future positions, as well. (NOTE: You will not automatically be excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances such as the nature of the crime, the date of the conviction, the type of work involved, etc.)

I understand and agree that all information concerning patients and their families is strictly confidential. I am not permitted to disclose any financial, medical or personal information related to any patient or family member to fellow employees, company administrative staff or individuals, except my supervisor at M & M Home Care.

I authorize M & M Home Care to investigate my employment history, credentials, license verification and to obtain any relevant information, including a criminal background check needed to make an employment decision. I authorize M & M Home Care to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize M & M Home Care to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release M & M Home Care and any individual or entity providing information to M & M Home Care from all liability for any damage from the disclosure of this information.

I also understand and agree that passing a medical examination (which is my responsibility) and/or medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hire of if hired, I may be terminated.

I understand and agree that I may be subject to pre-employment drug testing and/or alcohol testing, random testing, as well as testing where reasonable suspicion or improper usage has occurred, or where warranted by an on-the-job injury, circumstance, workplace conditions or contractual requirements.

I understand and agree nothing contained in this employment application or in granting of an interview creates an employment contract between M & M Home Care and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will;" that is, I will have the right to terminate my employment at any time and that M & M Home Care retains the same right to terminate my employment at any time.

I understand that should I become employed by M & M Home Care, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of M & M Home Care.

I understand that M & M Home Care is committed to promoting safety and high standards of employee performance, productivity and reliability. In order to achieve this, I may be subjected to a drug test prior being hired to assure M & M Home Care I do not currently have narcotics, sedatives, stimulants or other controlled substances and/or mood-altering substances in my body. I understand if I have any such substance in my body at the time of the drug test, M & M Home Care will not hire me.

I understand that M & M Home Care reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time and that no one in M & M Home Care has the authority to enter into any agreement for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by an authorized representative of M & M Home Care.

SIGNATURE (MUST BE IN INK):

DATE:

THANK YOU FOR YOUR INTEREST IN M & M HOME CARE.