

# Per Diem Employment Application

(We are an equal employment opportunity employer)



## PERSONAL DATA (Please print clearly)

Last Name	First Name	Middle Name
Current Address:	Street and Number	
	City, State, Zip	
How long have you lived there:	Years _____	Months _____
Previous Address:	Street and Number	
	City, State, Zip	
How long have you lived there:	Years _____	Months _____
** This Section is to Be Completed Upon Hire **		
-	-	*SSN: _____
** This Section is to Be Completed Upon Hire **		
HOME Telephone Number	-	-
** This Section is to Be Completed Upon Hire **		
MOBILE Telephone Number	-	-
** This Section is to Be Completed Upon Hire **		
Email address:	(Provide a Copy) *DL#	_____

Position Desired: Medical <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> EMT <input type="checkbox"/> CMA/MA <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Event Receptionist (non-medical) <input type="checkbox"/>			
License State: (List state of Cert. / Licensure)		License Number: (Please provide a copy to support)	
Glove Size:	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large	NCSBN ID: (optional)	_____
Please mark your work availability: <input type="checkbox"/> 6a-12n <input type="checkbox"/> 12n-6p <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI (Mark all that apply) <input type="checkbox"/> 6p-12a <input type="checkbox"/> 12a-6a <input type="checkbox"/> SAT <input type="checkbox"/> SUN			
Do you speak a language other than English?	_____	Travel Limits: <input type="checkbox"/> 30 M <input type="checkbox"/> 1 HR <input type="checkbox"/> 2 HR <input type="checkbox"/> 3 HR	
Desired pay range: \$ _____ - \$ _____ (Per Hour)	Stay Overnight? <input type="checkbox"/> YES <input type="checkbox"/> NO	Travel out of state? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## CURRENT EMPLOYMENT Please list the name of your present employer. Include part-time or seasonal employment. If self-employed, give firm name and demographic information.

Employer:	Dates Employed		Worked Performed
	From(Month / Year)	To (Month / Year)	
Telephone Number:	Job Title:		Reason for Leaving
Address:	Position		
	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
	<input type="checkbox"/> PRN/ Per Diem	<input type="checkbox"/> Contract	
Supervisor Name and Title:			

## APPLICANT'S STATEMENT

I understand that the Company is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that the Company reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Company or its designee. I release the Company and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. If I am hired and not employed pursuant to a contract of employment that contains a specific duration of employment, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring, and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the Company has a similar right. I understand that no manager, representative, or agent of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the President may do so in writing. If I am hired under a contract, the contract will control the terms of my employment.

I understand that the Company reserves the right to verify nurse licensure information.

The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

Applicant Signature:

Date:

Please send the completed application via email it to [fluteam@chcw.com](mailto:fluteam@chcw.com) or fax it to 847-380-1166. If we think you would be a good fit for our organization, we'll reach out to schedule an interview.

## REFERRALS

The CHC Team has been fortunate to receive supportive and professional staff referred to us from our colleagues. If you were referred to us by a current CHC staff member, please include their name below.

Referred by: