

Richard Senior Care LLC Application

Check the days of the week you are available to work:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday
 Holidays available to work: _____

License Type	License/Certification #	State	Expiration Date

Has your professional license ever been suspended, revoked or under investigation? Yes No
 If Yes, Please explain: _____

Certifications: Check all applicable certifications and enter expiration date:

- | | |
|---------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> ACLS Expiration Date: _____ | <input type="checkbox"/> Other Expiration Date: _____ |
| <input type="checkbox"/> BCLS Expiration Date: _____ | <input type="checkbox"/> IV Expiration Date: _____ |
| <input type="checkbox"/> CPR Expiration Date: _____ | <input type="checkbox"/> NALS Expiration Date: _____ |
| <input type="checkbox"/> PALS Expiration Date: _____ | |

Work Experience: List all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheet(s) if necessary.

Facility/Employer Name	Date Employed From: _____ To: _____
Address	Title
City/State/Zip	Country
Unit	Name of Current Immediate Supervisor
Number of Beds in Unit: _____ In Hospital: _____	Telephone #:
Describe duties and specialty areas:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Pay Rate/Salary: Hourly _____ Yearly _____	If this was a travel assignment, name of agency:
Reason for leaving:	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No – How often?
Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	