MAK HEALTHCARE INC
APPLICATION FOR EMPLOYMENT

Federal and State laws prohibit discrimination in employment because of sex, race, creed, religion, national origin, age, handicap, marital status, status with regard to public assistance or veterans employment. We are an equal opportunity employer.

PERSONAL INFORMATION Date _____

Name_____ **Social Security #** _____
Last First Middle

Other surnames that I have used:_____

Present Address_____
Street City State Zip

Permanent Address_____
Street City State Zip

Home Phone #:_____ **Alternate Phone #:**_____

How did you hear about this position?_____**Referred By**:_____

Are you legally entitled to work in the United States? ☐ YES ☐ NO **Are you at least 18 years of age?** ☐ YES ☐ NO

In Case of Emergency Notify:_____
Name Phone # Relationship to you

U.S. Military or Naval Service_____Rank_____Present Membership in National Guard or Reserves? ☐ YES ☐ NO

_____

EMPLOYMENT DESIRED

Position: ☐ RN ☐ LPN/LVN ☐ Homemaker ☐ Home Health Aide ☐ Staffing ☐ Clerical ☐ Personal Care Attendant ☐ Other_____

Have you passed Competency Testing? ☐ YES ☐ NO Do you have a Certificate? ☐ YES ☐ NO

Do you have a current Driver's License? ☐ YES ☐ NO Do you currently have a car? ☐ YES ☐ NO

Have you ever applied to this Company before? ☐ YES ☐ NO Where?_____When?_____

PROFESSIONAL LICENSES, CERTIFICATION, AND REGISTRATIONS

Do you have any professional licenses, certifications and/or registrations? ☐ YES ☐ NO

License/Certificate/ Registration #:	Type	State Issued	Date Expires	Status (List Active, Inactive, Restricted, Conditional or Pending)

REFERENCES

Give below the names of three **work related** references.

NAME	ADDRESS	COMPANY/POSITION	PHONE

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	DEGREE/CERTIFICATION
HIGH SCHOOL			☐ Yes ☐ No	
COLLEGE			☐ Yes ☐ No	
COLLEGE			☐ Yes ☐ No	
ADDITIONAL TRAINING				

FORMER EMPLOYERS

List below your complete employment history for the last five years, starting with the most recent position first.
Attach additional pages if necessary.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER SUPERVISOR'S NAME	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO	May we contact? ☐ YES ☐ NO			
FROM				
TO				
FROM				
TO				
FROM				
TO				

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, with or without cause, and with or without any prior notice.

I hereby agree that, as a condition of employment by the Agency, I will promptly inform the Agency in writing of any criminal convictions, in any jurisdiction (including all pleas of guilty), other than minor traffic offenses, of which I am convicted after today.

Date_____ Signature_____

MAK HEALTHCARE INC

VOLUNTARY SELF-IDENTIFICATION INFORMATION

COMPANY NAME is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age, handicap, marital status, source of income, class, physical characteristics, sexual orientation or political beliefs.

As an employer, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please complete this Voluntary Self-Identification Information form. This data is for analysis and affirmative action only and submission of this information is voluntary. This data will be kept in a confidential file separate from your Application for Employment.

Date_____

Position Applied For_____

Gender:

- Male
- Female
- Choose not to respond

Race/Ethnic Background:

- American Indian / Alaskan Native
- Asian
- Native Hawaiian/ Other Pacific Islander
- Black / African or African American
- Hispanic / Latino
- White / Caucasian
- Two or More Races
- Choose not to respond

Veteran Status:

- Vietnam era veteran
- Disabled veteran
- Other veteran
- Non-veteran
- Choose not to respond

Disability Status*:

- Disabled
- Not disabled
- Choose not to respond

* According to the American with Disabilities Act, the term “disability” means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of that individual, a record of such an impairment, or being regarded as having such an impairment.

