



**Personal Information**

First, Middle, Last Name (exactly as appears on your government identification)			Social Security Number		
Present Street Address		City	State	Zip Code	How Long?
Previous Address (if different above)		City	State	Zip Code	How Long?
Telephone Numbers: (Home) ( ) (Work) ( ) (Cell) ( )			Email:		
In Case of Emergency, Contact: Name: _____ Relationship: _____ Phone: _____	Have you ever worked for @WORK before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, Office Location?	How were you referred to @WORK?		

**Availability - Job Information**

List your Medical Specialties:		Expected Wage?	
		Are you legally authorized to work in the United States?	
Can you perform the essential functions of the job for which you are applying? (see job description)		Date Available for Work:	
<i>Check all for which you are willing to work?</i> <input type="checkbox"/> 8 hour shifts <input type="checkbox"/> 12 hour shifts <input type="checkbox"/> Overtime <input type="checkbox"/> Weekends <input type="checkbox"/> 1st shifts <input type="checkbox"/> 2nd shifts <input type="checkbox"/> 3rd shifts		How many miles will you drive round trip?	
What regions or facilities do you prefer?		List any facilities for which you will not work:	

**PLEASE CHECK PREFERRED SCHEDULE:**

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TYPE OF ASSIGNMENT DESIRED:
Place a CHECK MARK ✓ on each day that you have NO WORK RESTRICTIONS, OR:								<input type="checkbox"/> Per Diem <input type="checkbox"/> 13 Week <input type="checkbox"/> Temporary to Direct Hire
	"I am available to work on this day from/to":							LENGTH OF TIME THIS SCHEDULE IS EFFECTIVE:
(Please list start & end times on each day that you can work)	to	to	to	to	to	to	to	Comments Regarding Schedule/Availability

Education							
TYPE of Institution	Name & Address of Institution	Major & Minor	Circle Last Year Attended	Graduated	Degree		
High School			1 2 3 4	Yes No			
College			1 2 3 4	Yes No			
Training or College			1 2 3 4	Yes No			
Medical Degree			1 2 3 4	Yes No			
Certificate/License/Specialty					Expiration Date		
Certificate/License/Specialty					Expiration Date		
Certificate/License/Specialty					Expiration Date		
Certificate/License/Specialty					Expiration Date		
Certificate/License/Specialty					Expiration Date		
Have you ever been convicted of a crime, other than a minor traffic violation? (conviction may be relevant if job related, but does not automatically bar you from employment)					If Yes, explain:		
Has your professional license or certification ever been investigated or revoked? (if yes, attach a separate sheet with explanation)							
Have you ever been named as a defendant in a professional liability action?							
Employment History							
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			Dates Worked		Describe Your Position/Duties	Starting Salary	Reason for Leaving
LIST MOST RECENT OR CURRENT EMPLOYER FIRST:			FROM				
Facility/Employer			Mo	Yr		Ending Salary	
Address			TO				
City, State, Zip Code			Mo	Yr	Departments Worked		
Supervisor - Title				List Facility/Setting			
Phone #		Email Address		Explain Any Periods Between Jobs			
Comments:							

<b>PAST EMPLOYER:</b>		Dates Worked		Describe Your Position/Duties	Starting Salary	Reason For Leaving
Name of Facility/Employer		FROM				
		Mo	Yr			
Address		TO		Ending Salary		
City, State, Zip Code		Mo	Yr	Departments Worked		
Supervisor - Title				List Facility/Setting		
Phone #	Email Address			Explain Any Periods Between Jobs		
<b>PAST EMPLOYER:</b>		Dates Worked		Describe Your Position/Duties	Starting Salary	Reason For Leaving
Name of Facility/Employer		FROM				
		Mo	Yr			
Address		TO		Ending Salary		
City, State, Zip Code		Mo	Yr	Departments Worked		
Supervisor - Title				Type of Facility/Setting		
Phone #	Email Address			Explain Any Periods Between Jobs		
<b>PAST EMPLOYER:</b>		Dates Worked		Describe Your Position/Duties	Starting Salary	Reason For Leaving
Name of Facility/Employer		FROM				
		Mo	Yr			
Address		TO		Ending Salary		
City, State, Zip Code		Mo	Yr	Departments Worked		
Supervisor - Title				List Facility/Setting		
Phone #	Email Address			Explain Any Periods Between Jobs		
<b>PAST EMPLOYER:</b>		Dates Worked		Describe Your Position/Duties	Starting Salary	Reason For Leaving
Name of Facility/Employer		FROM				
		Mo	Yr			
Address		TO		Ending Salary		
City, State, Zip Code		Mo	Yr	Departments Worked		
Supervisor - Title				Type of Facility/Setting		
Phone #	Email Address			Explain Any Periods Between Jobs		



## Drug Free Workplace Policy

Substance abuse has an adverse impact on any employee's work, personal and family life, as well as on the ability of @WORK to fulfill its mission to provide the highest quality services to its clients. Substance abuse can cause poor performance, decrease productivity, and create safety hazards. Consequently, @WORK is committed to establishing and maintaining an alcohol and drug-free workplace.

**Illegal Drugs:** The use, distribution, sales, offering for sale, possession, purchase, manufacture, or trading of illegal drugs on @WORK's premises, or in any other work-related environment is strictly prohibited. The prohibition of illegal drug activity includes occasions when an employee is representing @WORK on one of @WORK's client's premises or events/meetings beyond normal work hours.

**Alcohol:** Employees are not permitted to consume alcohol while on @WORK's premises, client's premises, or while conducting @WORK's company business. This does not include official day or evening functions at which alcohol may be served, as long as use does not prevent employees from performing their jobs satisfactorily or pose any threat to the safety or welfare of the employee or others.

**Prescription and OTC Drugs:** Employees are prohibited from the misuse or abuse of prescription and over-the-counter ("OTC") drugs. Employees who are using prescribed or OTC drugs for existing medical conditions must inform their Manager or the Franchise Owner of such health treatment to discuss the necessity of temporary alteration of job duties or assignment if the drugs (1) may have possible side effects which may affect job performance, or (2) alter an employee's physical or mental abilities.

**Policy Violations:** Employees who violate this policy are subject to disciplinary action, up to and including termination.

Applicant Please Initial After Reading: \_\_\_\_\_

## Reporting of Abuse Policy

Verbal or physical abuse, neglect, or misappropriation of client facility's or patient/resident's property by our Employees will not be tolerated. Any Employee determined to have committed an act of verbal or physical abuse toward a patient or resident of any medical or long-term care facility will be immediately terminated.

It is every employee's responsibility to immediately report any incidents of actual or suspected abuse to their supervisor, unless the immediate supervisor is the alleged perpetrator. In that case the report is to be made to the @WORK Medical Services Franchise Owner.

Any Employee who fails to immediately report any suspected abuse or neglect of a resident will face disciplinary action up to and including termination of employment.

No reprisal act shall be taken against any employee who reports instances of patient rights violation or patient abuse, neglect or exploitation to the appropriate governmental authority.

Applicant Please Initial After Reading: \_\_\_\_\_

## Equal Opportunity Policy

It is the policy of @WORK FRANCHISE, INC., and @WORK MEDICAL SERVICES to assure equal employment opportunity practices to all applicants and employees without regard to race, creed, color, religion, national origin, sex, disability, veteran status, marital status, or any other protected status in accordance with applicable federal, state, and local laws, unless it is a bona fide occupational requirement necessary to the normal operation of the business. This policy governs all areas of employment with any @WORK Franchise or entity, including, but not limited to, recruiting, hiring, training, assignments, promotions, compensation, benefits, discipline and terminations. In addition, @WORK does not discriminate against or provide any preference for any employee or applicant in work assignments, does not invite or honor discriminatory job orders or requests by clients, and does not "code" applications or documents to record the status of any applicant or employee. We support all employment laws regarding equal opportunity, discrimination, and affirmative action. We also support the code of ethics of the "American Staffing Association" (ASA) in regard to equal opportunity employment and all other policies. We require our Franchises and all staff members to adhere to this same code of ethics and that all employees operate within the guidelines of State and Federal laws.

Applicant Please Initial After Reading: \_\_\_\_\_

**Harassment Policy**

It is the policy of AtWork Franchise, Inc., and @WORK Medical Services, that all employment relationships shall be conducted in an environment that is not hostile or offensive. Harassment based on an individual's age, race, creed, color, religion, national origin, sex, sexual orientation, disability, or marital status, or any other basis prohibited by applicable local, state, or federal law will not be tolerated at any @WORK location. Harassment includes, but is not limited to:

**Verbal harassment**, such as making a joke or comment that refers to certain ethnic group, race, sex, nationality, age, disability, sexual preference, religion or belief, epithets, derogatory comments, vulgar or profane words and expressions, or slurs:

**Physical harassment**, such as assault and blocking, impairing or otherwise physically interfering with an individual's normal work or movement;

**Visual forms of harassment**, such as derogatory posters, cartoons or drawings; or

**Sexual harassment**, such as unwelcome sexual advances or requests for sexual favors; verbal, visual or physical conduct of a sexual nature, such as name calling, obscene jokes, sexually suggestive comments or insulting sounds; graphic or verbal comments of a sexual nature about a person's anatomy; or displaying at work sexually suggestive objects, posters, drawings or pictures.

If you believe that you have been subject to harassment by a supervisor, management official, fellow employee, customer, client, vendor or any other person in connection with your employment at @WORK, you should immediately bring the matter to the attention of your supervisor or placement counselor. If the complaint involves your immediate supervisor or placement counselor or if you feel uncomfortable discussing the matter with your supervisor or placement counselor, report the matter to the Franchise Owner.

All complaints of harassment will be investigated promptly and, where necessary, corrective action will be taken. Any investigations of such complaints will be treated as confidentially as possible. No employee will be punished or suffer any adverse employment action as a result of bringing any good faith harassment complaint to @WORK's attention. Any supervisor, agent, or employee who is found to have engaged in harassment or retaliation against an employee for exercising rights protected by this policy will be subject to appropriate discipline, up to and including discharge.

**Applicant Please Initial After Reading:** \_\_\_\_\_

**Safety Policy**

The goal of @WORK MEDICAL SERVICES is to offer our employees and clients the best employment solutions. To do that, we must provide and ensure the highest level of safety, quality, and service. Our methods must exemplify the best service to our clients and employees. We believe that all accidents can be prevented. We believe that safety is not separate from the job; it is how we do our job. Accidents are a waste of human potential and a source of pain and economic hardship for the injured worker and his/her family. Accidents also lower the quality of the service we provide to our clients. Accidents disrupt business and increase costs. In the personnel industry, it is essential that we work together with our clients and employees to build and maintain a safe and healthy work environment. We do not have economic control of our clients' facilities, so it is important that we have a consultative relationship with our clients to assist in maintaining a safe work environment. Furthermore, by having a safety partnership with our clients, we will aid in maintaining an active and effective accident/loss control program together. It is @WORK's policy to only provide services to clients who express a willingness to provide a safe working environment for our employees. It is also @WORK's policy to only employ individuals who are safety conscious, follow all safety policies, and exhibit safe and responsible work habits. @WORK will not provide employees to work for companies who are involved with high-risk industries, have a high accident rate, or who exhibit a disregard for the safety and well-being of all employees.

**Applicant Please Initial After Reading:** \_\_\_\_\_

**Notification & Agreement**

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING. YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY YOU WILL BE EMPLOYED. PLEASE READ BEFORE SIGNING:**

I certify that all answers and statements I have made on this application (and any other accompanying or required documents) are true and complete without omissions. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered **NO  YES**  .

I understand that my employment may be subject to the satisfactory results of any examination required by the company, including a mandatory urine test to detect drug usage and hereby submit to said testing. I agree to conform to all rules and regulations of the company as they presently exist or are later modified. I agree that, if hired, my employment and compensation can be terminated with or without cause, and with or without notice at any time, at either the company or myself. I understand that no recruiter or other company representative, other than the President or Vice President of the company, has any authority to enter into any agreement or contract for employment for any specified period of time, or to make any agreement that contradicts the above. **NO  YES**

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between the franchise office d/b/a AtWork Medical Services or myself for employment for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President or Vice President **NO  YES**

I acknowledge that I have read, understand, and agree with the above @WORK policies. In addition, I hereby authorize any of the persons or organizations named in the application (or other accompanying or required documents) to give you complete information and records regarding my employment, education, character and qualifications. This application is valid for only ninety (90) days from the date signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application. **NO  YES**

I consent to having the company contact anyone that it deems appropriate to investigate, including a criminal background check, or verify any information I have given, or to discuss my background, past performance, or suitability for employment. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about me. **NO  YES**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Complete Name