



Care Registry Network, Inc.

1100 W Northwest Highway Suite 213 Mount Prospect, IL 60056 Tel: 847.670.0945 Fax: 847.670.09461

APPLICATION FOR EMPLOYMENT

"Because People Like You Care..."

GENERAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____
 Residence Address: _____ Apt/Unit/Floor: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: _____ Cell Phone: _____ Fax: _____
 Primary EMail: _____

Type: RN LPN CNA

Please have your RN/LPN/CNA Certificate and SS Card (or proof that you can work in the U.S.) ready as part of the application process. You will be asked to copies of these sent in to help verify the information you have provided.

EMERGENCY CONTACT

Name: _____ Relationship: _____
 Address: _____ Phone #1: _____
 _____ Phone #2: _____

REFERRAL INFORMATION

Did anyone refer you to Care Registry Network, Inc.? If so, please provide their name: _____

BACKGROUND INFORMATION

Are you a citizen of the U.S. or are you authorized to be employed in the U.S. under the Immigration and Control Act of 1986?
 (Your legal status to work in the U.S. is subject to verification) YES NO

Have you ever been convicted of, or pled guilty to, a felony or misdemeanor? YES NO

Have you ever been involved in the substantiated abuse or neglect of children or adults under the law of any state in the United States? YES NO

Do you speak any languages other than English? If so, what languages are your proficient in? YES NO

EDUCATION

School Name: _____ Dates Attended: _____
 School Location: _____ Subjects Studied: _____
 Degree Attained: _____

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 School Location: _____ Subjects Studied: _____
 Degree Attained: _____

EMPLOYMENT HISTORY

Employment history should be listed in chronological order spanning the last ten years or three positions, whichever is more relevant.

Supervisor/Reference Name: _____	Supervisor/Reference Title: _____
Company Name: _____	Supervisor/Reference Phone: _____
Company Address: _____	Supervisor/Reference E-Mail: _____
_____	Dates of Employment: _____
Job Title: _____	Reason For Leaving: _____
Salary: _____	
Okay to Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Supervisor/Reference Name: _____	Supervisor/Reference Title: _____
Company Name: _____	Supervisor/Reference Phone: _____
Company Address: _____	Supervisor/Reference E-Mail: _____
_____	Dates of Employment: _____
Job Title: _____	Reason For Leaving: _____
Salary: _____	
Okay to Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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Company Name: _____	Supervisor/Reference Phone: _____
Company Address: _____	Supervisor/Reference E-Mail: _____
_____	Dates of Employment: _____
Job Title: _____	Reason For Leaving: _____
Salary: _____	
Okay to Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Personal References

Reference Name: _____	Reference Phone: _____
Reference Address: _____	Reference E-Mail: _____
_____	Reference Company: _____
Reference Title: _____	Okay to Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

Reference Name: _____	Reference Phone: _____
Reference Address: _____	Reference E-Mail: _____
_____	Reference Company: _____
Reference Title: _____	Okay to Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

Reference Name: _____	Reference Phone: _____
Reference Address: _____	Reference E-Mail: _____
_____	Reference Company: _____
Reference Title: _____	Okay to Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

MILITARY EXPERIENCE

Were you a member of the U.S. Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Branch:	Dates of Duty:	Discharge:
Description of Duties/Special Training/Accommodations:		

JOB PREFERENCES

Desired Shift(s):	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening	<input type="checkbox"/> Night	<input type="checkbox"/> Weekend
Weekly Hours Preferred?	<input type="checkbox"/> 12-24	<input type="checkbox"/> 24-40	<input type="checkbox"/> 40+	
Transportation Preference(s):	<input type="checkbox"/> Public	<input type="checkbox"/> Car		
Do you own a Car?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

APPLICATION ACKNOWLEDGEMENT

PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS FORM

I certify that the facts contained in this application, my resume, my licensing/certification and/or educational background that I submit with it are true and complete to the best of my knowledge. I understand that the withholding, misrepresentation or falsification of information on this application or in the interview shall be grounds to refuse employment, or if employed, shall be grounds for dismissal. I further agree that completing this application is the same as making application to the client and prospective clients of **Care Registry Network, Inc.** to whom I maybe proposed for temporary assignments under joint employment and/or for direct hire placement. I authorize **Care Registry Network, Inc.** to secure any information regarding me in connection with this application for employment, and I hereby release any person, firm, or institution for all liability for any damage whatsoever for issuing such information. I understand and agree that this application is for temporary employment at-will and/or for direct hire placement. Should I be hired by **Care Registry Network, Inc.** as a temporary employee, **Care Registry Network** clients shall have the rights to terminate the employment relationship at any time without prior notice, for any lawful reason, with or without recourse, regardless of the date of payment of the wages and salary, and regardless or interruption between jobs. I further understand that, upon completion of an assignment, I well be deemed to have voluntarily resigned employment if do not contact **Care Registry Network, Inc.** for reassignment prior to filing for unemployment benefits. I hereby acknowledge that I have read and understand this application in its entirety and agree to the terms.

SIGNATURE: _____

DATE: _____

Care Registry Network, Inc. is an equal opportunity employer. **Care Registry Network, Inc.** considers all applicants for employment without regard to race, color, religion, sex, national origin, age, or disability. **Care Registry Network, Inc.** also provides reasonable accommodations to qualified individuals with disabilities. All information requested in this application is sought by **Care Registry Network, Inc.** exclusively to verify the background and qualifications of each candidate and is not sought for unlawful discrimination purposes.