



Loving
Care
of south carolina

APPLICATION FOR EMPLOYMENT

Name _____

Telephone _____ SS# _____

Address _____

City _____ State _____ Zip _____

Alternate Contact Number _____

EDUCATION

High School _____ From _____ To _____ Graduated? _____

College _____ From _____ To _____ Graduated? _____

Nursing School _____ From _____ To _____ Graduated? _____

C.N.A. Classes _____ From _____ To _____ Graduated? _____

EXPERIENCE *List all positions held, starting with the most recent jobs*

Employer's Name _____ Phone _____

Address _____

Dates of employment From _____ To _____ Position Held _____

Salary \$ _____/week or \$ _____/hour

Employer's Name _____ Phone _____

Address _____

Dates of employment From _____ To _____ Position Held _____

Salary \$ _____/week or \$ _____/hour

Employer's Name _____ Phone _____

Address _____

Dates of employment From _____ To _____ Position Held _____

Salary \$ _____/week or \$ _____/hour

REFERENCE *Do not list close friends and family members*

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

I certify that this information is correct, and that it is subject to verification by this agency. I understand that furnishing incorrect or misleading information will be just cause for termination.

Signed _____ Date _____

SKILLS CHECK *Check yes or no*

- 1. Can you do vital signs accurately? _____ Yes _____ No
- 2. Can you chart notes? _____ Yes _____ No
- 3. Can you do catheter care using proper techniques? _____ Yes _____ No
- 4. Can you suction patients? _____ Yes _____ No
- 5. Have you had CPR? _____ Yes _____ No When/Where _____
- 6. Have you had first Aid Classes? _____ Yes _____ No When/Where _____

REQUIRED *Check yes or no*

- 1. Are you a licensed driver? _____ Yes _____ No
- 2. Is your license current? _____ Yes _____ No
- 3. Do you have a copy of your driving record? (needed) _____ Yes _____ No
- 4. Is your transportation reliable? _____ Yes _____ No

Which shifts will you be available? _____

How many hours/week do you wish to work? _____

Are you receiving treatment or disability for any current or previous (past) injury? _____ Yes _____ No

If yes, please explain _____

BEFORE YOUR APPLICATION WILL BE CONSIDERED, PLEASE PROVIDE A CURRENT SLED BACKGROUND CHECK AND A TEN YEAR DRIVING RECORD FOR REVIEW

FOR OFFICE USE ONLY*****

Date of hire _____

Starting Salary \$ _____

Contract Signed _____