

PETER-ELST LLC

(dba Divine Support Édge | Healthcare Services)

APPLICATION FOR EMPLOYMENT

APPLICANT:	POSITION DESIRED:
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**PLEASE PROVIDE THE FOLLOWING:

Item	Initial /Check If Provided	Official Comments only
Copy of Highest Degree earned/Diploma		
Nursing Certificate/Licensure		
C.P.R./First Aid		
Proof of insurance		
Resume		
All training (if available)		
Current TB test		
NCI training		

** You will be given a hiring packet to fill out after DSE Department confirms the validity of all documents/items/information.

PERSONAL INFORMATION

Last name	First	Middle	Date
Street Address		Mailing Address	
		Home Telephone	
City	State	Zip	County
Business Telephone			
Previous address, if at Above address less than 5 years			
Date Of Birth:		Social Sec #:	
		Gender :	
Race:		Driver License /ID #	
		State of Issue	
		Date of Issue	
Are you related to anyone working for this Agency ___ YES ___ NO			If Yes Who ?
If Yes Who ? _____ Relationship _____			
Have you ever applied for employment with us? ___ YES ___ NO If yes, year _____			
Are you legally eligible for employment in the United States? When are you available for work?			
POSITION(S) DESIRED			

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EDUCATION AND TRAINING (Please include of copy of transcript; original required upon employment)

School/College	Name/Location	Graduate Yes / No	Course of Study	Type of Degree/Diploma Received
Nursing School/College				
High School				
College or University				
Business/Technical School				
Graduate School				

Other special training or skills (language, machine operation, etc)

Sign language Foreign language (specify _____) Braille skills Dictation

Medical transcription Typing (specify wpm _____) Calculator Shorthand

Software (Circle): Word Excel Desktop Publishing Windows

Other: _____

List fields of work for which you are licensed, registered, or certified:

Registration _____ State _____ Number _____ Date _____

Registration _____ state _____ Number _____ Date _____

EMPLOYMENT HISTORY/RECORD

(Please give accurate, complete, full-time and part-time employment. Start with your present or most recent employer. **SEE RESUME is NOT acceptable**)

Current or last employer :	Job Title:
Address:	Starting Salary Per Hour
Supervisor:	Current/Ending salary per Hour
Telephone:	

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Reason for leaving		May we contact the employer	
Employed (state month/year) Full time: From ____ To ____ Part time: From ____ To ____ If part time, Hours/per week ____	List Major Duties _____ _____ If Supervisor Duties How many People Supervised by you ____		
Employer :		Job Title:	
Address:		Starting Salary/ Per Hour/Month	
Supervisor:		Current/Ending salary Per Hour/Month:	
Telephone:			
Reason for leaving		May we contact the employer	
Employed (state month/year) From ____ To ____	List Major Duties _____ _____ If Supervisor Duties How many People Supervised by you:		
Employer :		Job Title:	
Address:		Starting Salary Per hour	
Supervisor:		Current/Ending salary per hour	
Telephone:			
Reason for leaving		May we contact the Employer	

Add more pages if required

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BACKGROUND /CRIMINAL RECORD

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

YES NO (If yes, explain fully on an additional sheet)

Have you ever served in the U.S. Armed Forces? YES NO

If yes, were you discharged honorably? YES NO

Are you a member of the Military Reserves? YES NO

Check the types of work you will accept:

Permanent Full-Time

Permanent part-time

Shift or split shift work

Temporary part-time

Temporary Full-Time

Work involving Travel

Any of the above

Salary Expectation _____/Hour/Month

From whom or where did you learn of our Agency and this vacancy?:

AT WILL EMPLOYMENT STATEMENT

I understand that DSE Healthcare Services is an "At Will" employer in the state of North Carolina and if hired, I have the right to terminate employment at anytime, for any reason. Likewise, the company may terminate employment at anytime, for any reason, with or without cause or notice. I certify that I have given true, accurate and complete information on this from to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize education institutions, associations, registration and licensing boards and others to furnish whatever detail is available concerning my qualifications, I authorize investigations all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and or criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

PRINTED NAME

Signature & Date

FOR OFFICIAL USE ONLY

HR /ED COMMENTS _____