



## JESDIT INFUSION LLC EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB \_\_\_\_\_ Are you over the age of 18? YES \_\_\_ NO \_\_\_ AGE \_\_\_\_\_  
 MM/DD/YYYY  
 SS# \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Position(s) Applying For: \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ When are you available to work? \_\_\_\_\_

Employment desired: FULL TIME \_\_\_\_\_ PER DIEM \_\_\_\_\_ PART TIME \_\_\_\_\_

<b>AVAILABILITY</b>						
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening
Night	Night	Night	Night	Night	Night	Night

How do you hear about us? Friends \_\_\_\_\_ media \_\_\_\_\_ other \_\_\_\_\_

**EDUCATION**

<b>Type of School</b>	<b>Name of School</b>	<b>Address</b>	<b>Number of Years Completed?</b>	<b>Major/Degree</b>
High School				
College				
Trade School				



HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_ NO \_\_\_\_

If yes, explain the number of convictions, the nature of the offense(s) leading to the conviction(s), how recently was/were the offense(s) committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a current professional license? YES \_\_\_\_ NO \_\_\_\_ If so, In which states: \_\_\_\_

Type \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

Has your license ever been suspended or revoked? YES \_\_\_\_ NO \_\_\_\_

Have you ever been disciplined for being unprofessional or unethical nursing to include abuse or neglect? YES \_\_\_\_ NO \_\_\_\_

If so, explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_\_ No \_\_\_\_  
(employment eligibility will be verified)

Do you have a valid driver's license? YES \_\_\_\_ NO \_\_\_\_ If yes, list the number: \_\_\_\_\_  
STATE OF ISSUE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
(FYI MVRs are checked prior to hire.)

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES \_\_\_\_ NO \_\_\_\_

ARE YOU A NOW A MEMBER OF THE NATIONAL GUARD? YES \_\_\_\_ NO \_\_\_\_

Specialty \_\_\_\_\_ Date entered \_\_\_\_\_ Discharged date \_\_\_\_\_

Please list your work experience for the past 3 years beginning with your most starting with your most recent employer.

<b>Employer Name:</b> _____ <b>Address:</b> _____ _____ <b>Phone Number:</b> _____		<b>Name of your Supervisor:</b>  <b>Phone number:</b>
Start: End:	Pay / Salary	
<b>Your Job title: Reason for Leaving:</b>		
<b>Job Duties and Responsibilities:</b>		

<b>Employer Name:</b> _____ <b>Address:</b> _____ _____ <b>Phone Number:</b> _____		<b>Name of your Supervisor:</b>  <b>Phone number:</b>
Start: End:	Pay / Salary	
<b>Your Job title: Reason for Leaving:</b>		
<b>Job Duties and Responsibilities:</b>		

<b>Employer Name:</b> _____ <b>Address:</b> _____ _____ <b>Phone Number:</b> _____		<b>Name of your Supervisor:</b>  <b>Phone number:</b>
Start: End:	Pay / Salary	
<b>Your Job title: Reason for Leaving:</b>		
<b>Job Duties and Responsibilities:</b>		



Please list any additional skills, qualifications, certifications, or training that you feel is relevant to this position (e.g., speak a foreign language, CPR, or other training or special education).

<b>Experience:</b> less than a year _____	1-3 years _____	3-5 years _____	More than 5 years _____
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May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you complete this application yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, who did? \_\_\_\_\_

**REFERENCES**

Please list any two references - **PERSONAL**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any two references - **PROFESSIONAL**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

