

# NEW APPLICANT WORKSHEET

REFERRAL SOURCE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

- YELLOW PAGES \_\_\_\_\_
- MEDIA \_\_\_\_\_
- NEWSPAPER \_\_\_\_\_
- FAMILY/FRIEND \_\_\_\_\_ NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL # (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

TYPE OF TRANSPORTATION  CAR  BUS  OTHER \_\_\_\_\_

**PLEASE INCLUDE ALTERNATIVE NUMBERS OR REFERENCES NUMBERS AT WHICH YOU COULD BE REACHED**

TEL # (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

## AREAS WILLING TO WORK/TRAVEL

**2 - Georgia Mountains**

- Banks
- Dawson
- Forsyth
- Franklin
- Habersham
- Hall
- Hart
- Lumpkin
- Rabun
- Stephens
- Towns
- Union
- White

**3 - Atlanta Region**

- Cherokee
- Clayton
- Cobb
- DeKalb
- Douglas
- Fayette
- Fulton
- Gwinnett
- Henry
- Rockdale

**4 - Southern Crescent**

- Butts
- Carroll
- Coweta
- Heard
- Lamar
- Meriwether
- Pike
- Spalding
- Troupp
- Upson

**5 - Northeast Georgia**

- Barrow
- Clark
- Elbert
- Greene
- Jackson
- Jasper
- Madison
- Morgan
- Newton
- Oconee
- Oglethorpe
- Walton

**OTHER COUNTIES AVAILABLE**

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

**DAYS AVAILABLE FOR WORK**

SUN	MON	TUE	WED	THUR	FRI	SAT

**SHIFT PREFERRED**

- LIVE-IN  7A-7P  7P-7A  7A-3P  8A-4P  3P-11P

AVAILABLE FOR SHORT SHIFTS?  YES  NO

DO NOT CALL BETWEEN THE HOURS OF \_\_\_\_\_

### OFFICE USE

REVIEWED BY \_\_\_\_\_ REFERENCES DATE VERIFIED \_\_\_\_\_

REFERENCES REVIEW BY \_\_\_\_\_ HIRE DATE \_\_\_\_\_

## NURSE MANGEMENT SERVICES OF GEORGIA, INC.

### EMPLOYMENT APPLICATION

Nurse Management Services of GA, Inc. is an equal opportunity employer. We adhere to policy of making employment decisions without regard to race, religion, color, national origin, sex, age, marital status, veteran status or disability.

Personal Information					
NAME				Date Of Birth	
Last	First	Middle	Social Security Number		
			License/Certification #		
Present Address					
Street		City	County	State	Zip
Contact Information		Email Address:			
Home Phone: (     )     )		Work Phone:		Pager/Cell (     )     )	

**Please Answer the Following Questions With YES or NO**

Have you ever been shown by any credible evidence to have abused, neglected, sexually assaulted, exploited, or deprived, any person or have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evident by an oral/written statement? **YES** [  ] **NO** [  ]

Have you ever been convicted of a felony that was not expunged or sealed in court? **YES** [  ] **NO** [  ]

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### JOB INTEREST

		[ <input type="checkbox"/> ] CNA [ <input type="checkbox"/> ] LPN [ <input type="checkbox"/> ] RN [ <input type="checkbox"/> ] MED-TECH		Minimum Salary Desired: \$ _____
Specialty	[ <input type="checkbox"/> ] MS [ <input type="checkbox"/> ] ccu [ <input type="checkbox"/> ] ICU [ <input type="checkbox"/> ] ER [ <input type="checkbox"/> ] NICU [ <input type="checkbox"/> ] PICU [ <input type="checkbox"/> ] PSYCH [ <input type="checkbox"/> ] Home Care [ <input type="checkbox"/> ] Home Visit			
Have you previously applied for employment at Nurse Mngt Services of GA, Inc.			[ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No	
Are you now working or have you ever worked for other agencies,? If Yes which ones:				

### EDUCATION

NAME & LOCATION	SUBJECT STUDIED	HIGHEST GRADE
HIGH SCHOOL		
COLLEGE		
PROFESSIONAL TRAINING SCHOOL		
ACTIVITIES/HONORS		

Please specify time available	Available to begin work: [ <input type="checkbox"/> ] Part Time [ <input type="checkbox"/> ] Full Time						
	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
7a-7p /7p 7a							
7a- 3p							
3p – 11 p							
11 p, - 7 a							

**EMPLOYMENT HISTORY (MUST HAVE 5 YRS OF EMPLOYMENT HISTORY)**

EMPLOYER			POSITION
ADDRESS			DUTIES
CITY	COUNTY	STATE	
TELEPHONE			Dates Employed: From _____ To _____
SUPERVISOR			Annual Salary or Hourly Wage? (Circle one)
Reason for leaving			Beginning _____ Ending _____

Employer			Position
Address			Duties:
City	County	State	
Telephone		Supervisor	Dates Employed: From _____ To _____
Reason for Leaving			Annual Salary or Hourly Wage? (Circle one) Beginning _____ Ending _____

Employer			Position
Address			Duties:
City	County	State	
Telephone			Dates Employed: From _____ To _____
Supervisor			Annual Salary or Hourly? Beginning _____ Ending _____
Reason for Leaving			Annual Salary or Hourly? Beginning _____ Ending _____

**Personal and Professional References**

Name	<input type="checkbox"/> Co-worker <input type="checkbox"/> Friend	Phone#	Years Known
Name	<input type="checkbox"/> Co-worker <input type="checkbox"/> Friend	Phone#	Years Known

**Additional Information**

Do you have hospital/ Home Care/ Nursing Home Experience? Yes  No  If yes, where and how long?

Do you have any physical disabilities that preclude you from performing any work for which you are being considered? Yes  No

Describe in detail:

Are you currently Pregnant? Yes  No  If yes Due Date \_\_\_\_\_ Have you previously had any workers compensation claims? Yes  No

In Case Of Emergency Notify:

Name	Address	Phone
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How were you referred to Nurse Mgmt Services of GA, Inc.?

Friend  Radio  Newspaper  Internet  Dept of Labor  Other Specify \_\_\_\_\_

I hereby certify that all statements made on this application is accurate and true, complete, and correct to the best of my knowledge and believe and realize that inclusion of false information or omission of material could result in **DISMISAL of employment or REMOVAL of my application from further consideration.** I also hereby certify that I am not suffering from a communicable disease or mental disorder which would hinder my job performance, nor have I been charged with or convicted of a crime involving abuse, neglect, exploitation, or deprivation of a child or adult. I hereby authorize all my employers and police/sheriff dept. unless otherwise stated to release any and all information in regards to my employment as requested.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

# NURSE MANAGEMENT SERVICES OF GEORGIA, INC.

## EMPLOYMENT REFERENCES

DATE: \_\_\_\_\_

Dear \_\_\_\_\_: Of \_\_\_\_\_

The importance of checking references on personnel working in a life/death situation cannot be overemphasized. The applicant whose signature appears below has given you as a source of reference. May we count on your assistance in substantiating the qualifications of our applicants? You can count on our strict confidence in handling any information you may want to let us have. For your convenience, a return stamp has been provided. Thank you in advance for your courtesy and understanding.

\_\_\_\_\_  
Branch Representative

**Applicant: Please fill out shaded areas only.**

**Applicant:** \_\_\_\_\_ **Soc. Sec. #** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **Dates Employed: From** \_\_\_\_\_ **To:** \_\_\_\_\_

**I hereby authorize the following information be released to Nurse Mgmt Services of GA, Inc.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Do the above employment dates correspond to your records?

YES

NO

Does the above position correspond to your records?

YES

NO

Subject to rehire?

YES

NO

If no, why not?

Any comments on this applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Position** \_\_\_\_\_ **Date** \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

If verified by telephone: Contact Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Please send me information on Nurse Mgmt Services of GA, Inc.

If responding by mail send to: Attn: Human Resources P.O. Box 688 Hampton, Georgia 30228.

If responding by fax send to Attn: Human Resources (770) 991-6972

(Nurses and allied health personnel available locally and on traveling contracts to help meet your staffing requirements).

# NURSE MANAGEMENT SERVICES OF GEORGIA, INC.

## EMPLOYMENT REFERENCES

DATE: \_\_\_\_\_

Dear \_\_\_\_\_: Of \_\_\_\_\_

The importance of checking references on personnel working in a life/death situation cannot be overemphasized. The applicant whose signature appears below has given you as a source of reference. May we count on your assistance in substantiating the qualifications of our applicants? You can count on our strict confidence in handling any information you may want to let us have. For your convenience, a return stamp has been provided. Thank you in advance for your courtesy and understanding.

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Any comments on this applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## CHAMBLEE POLICE DEPARTMENT

R Marc Johnson  
CHIEF OF POLICE

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A State Certified Law Enforcement Agency

### CHAMBLEE POLICE DEPARTMENT CRIMINAL HISTORY CONSENT FORM

I hereby authorized Nurse Management Services of Georgia, Inc.  
to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or any local criminal justice agency in Georgia.

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Full Name (Printed)

---

Address

---

Sex

---

Race

---

Date of Birth

---

Social Security Number

---

Signature

---

Date

---

Special employment provisions (check if applicable)

- Employment with medically disabled (Purpose code 'M')
- Employment with elderly care (Purpose code 'N')
- Employment with children (Purpose code 'W')

**One of the following must be checked:**

- This authorization is valid for 90 /180 \_\_\_\_\_ ( circle one ) days from the date of signature
- I, \_\_\_\_\_ give my consent to the above  
Named to perform periodic criminal history background checks for the duration of my employment with this company.