



# Comprehensive Nursing Services, Inc.

## Comprehensive Home Health Services

**Application For Employment and Request For Background Information**  
**Please Type or Print and Please Complete All Sections**

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Middle name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Maiden name: \_\_\_\_\_

**Home Address for Past 10 Years**  
 (List Present Address First)

Street Address	City	State	Zip Code	Month	Year	To	Month	Year

**Mobile Number:** \_\_\_\_\_ **Current Email Address:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Employment Record**

Present and Former Employers		Dates Employed			Position and Duties
Name		From:			
Address		To:			
City/State/Zip					
Supervisor		Phone:			

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Address		To:			
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**References** - Please list three individuals with whom you have worked who were in a position to evaluate your performance.

Name	Company	Title	Phone #

**Education**  
(List Most Recent FIRST)

School	Address/City/State and Zip	Degree or Concentration	Month	Year	To	Month	Year

**General Information**

Are you legally authorized to work in the USA?       Yes       No

Have you every been convicted of a felony or misdemeanor crime?       Yes       No

(This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.)

A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since its occurrence and any rehabilitation you have undergone. If yes, state the basis for each conviction and the date of the conviction:

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Are you able to perform the tasks according to the job description without accommodation?       Yes       No

If an accommodation is needed, how would you perform the task and with what accommodation?       Yes       No

If yes please explain. \_\_\_\_\_

Shift you can work:    \_\_\_\_\_ Day      \_\_\_\_\_ Evening      \_\_\_\_\_ Nights

Hours Desired:      \_\_\_\_\_ Full Time      \_\_\_\_\_ Part-Time

How did you learn of this opening? \_\_\_\_\_

Date you can start:    \_\_\_\_\_  
   Month      Day      Year

Do you have any pediatric experience in the last three years?       Yes       No

