



311 West Trenton Avenue • Morrisville, PA 19067  
(215)295-6200 • Fax (215)428-4583  
<http://www.StoneMedStaff.com>

## Application for Employment

Today's Date:

E-mail:

### Personal Data

Required Fields are indicated by a \*

First Name: M.I. Last Name: SSN: Will be required at Interview

Home Phone: Cell Phone: Work Phone:

Best number to reach you at? Home Cell Work

Street Address 1:

Street Address 2 : City: State: Zip:

Emergency Contact: Relationship: Phone Number:

### Job Information

Position Applying For: RN LPN CNA  
Other

Date Available:

Previous Facility Types Worked: Check All That Apply

Home Care Nursing Home Rehab Assisted Living Hospice

Language Skills: Please check any languages you speak If Other, List here:

English Spanish Other

### Availability

Check the types of assignments you are available for:

Full Time Part Time 24 Hour PRN

Check the shifts you are available for:

Mornings Afternoons Nights Weekends

Check the days of the week you are available for:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday Holidays

Holidays Available:

### Licenses & Certifications

License Type: License #: State: Expiration Date:

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Has your professional license ever been suspended, revoked or under investigation?

If Yes, Explain:

Yes No

**Work Experience:** List all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheet(s) if necessary.

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**Current Facility / Employer**

**Date Employed**

Name: From: To:  
Street Address: Title:  
Street Address: Supervisor:  
City: Phone:  
State: Zip: May we contact this Employer? Yes No  
Describe duties and special areas: If no, Why?:  
Pay Rate / Salary Hourly Yearly Supervisory Experience: Yes No  
Reason for Leaving: If Yes, How Often:  
Are your employment records listed under another name?: Yes No If yes, what name?:

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Describe duties and special areas: If no, Why?:  
Pay Rate / Salary Hourly Yearly Supervisory Experience: Yes No  
Reason for Leaving: If Yes, How Often:  
Are your employment records listed under another name?: Yes No If yes, what name?:

Please list any other work related information you think would be helpful to us in considering you for employment, such as specialized training, certifications, additional work experience, etc

Are you legally allowed to work in the USA?: Yes No

Have you ever been convicted of a felony?: Yes No

Will you submit to and pass a criminal background check?: Yes No

Will you submit to and pass a pre-employment drug test? Yes No

How did you hear about us?

\*\*\*By Checking this box, I agree to this statement:

I understand that I must report any and all accidents and/or incidents to Stone Med Staff, Inc. NO MATTER HOW SLIGHT!

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**Applicant Statement: (Please read carefully before submitting this application. Your signature will be required at the time of your interview )**

I give Stone Med Staff, Inc. permission to use any information in this application to enable them and/or their agents to verify the information contained in this application. I also authorize present and former employers, educational institutions I have attended, any references that I provide, and any other persons to answer all questions asked by Stone Med Staff, Inc. with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment and/or my employment, Stone Med Staff, Inc. may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release Stone Med Staff, Inc., and/or its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information.

In consideration of my employment and of my being considered for employment by Stone Med Staff, Inc., I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either Stone Med Staff, Inc. or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of Guardian Angels of Home Health, Inc., at any time, can constitute a contract of employment. No representative or agent of Stone Med Staff, Inc., has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, to include an analysis for unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on these results.

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that any omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and may be cause for my immediate dismissal from employment.

\*\*\*This box must be checked!

By checking this box, I understand that my submission of this application adheres me to the above Applicant Statement and my signature will be required at the time of interview.

**Applicant Signature:** \_\_\_\_\_