



THR NURSING International, Inc.

EMPLOYMENT APPLICATION

1011 University Boulevard
Suite #101
Silver Spring, MD 20903

Tel #: (301) 439-7200
Fax #: (301) 439-5556
www.thresources.org

MON-THU: 11am to 8pm
FRI: 11am to 2pm
SAT-SUN: closed

INSTRUCTIONS: [1] Read instructions carefully; [2] Answer all items on this application, including references, carefully and completely. Failure to do so may prevent consideration for a position for which you are qualified. All information provided by applicant on this form is subject to verification. Inability on our part to confirm statements made by you may prevent consideration for employment. THR Nursing Int'l, Inc. is an equal opportunity employer.

I. APPLICANT INFORMATION:

APPLICANT NAME:		APPLICATION DATE:
ADDRESS:	<i>Street Address</i>	<i>City</i> <i>State</i> <i>Zip Code</i>
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
HOME PHONE:	CEL PHONE:	BEST TIME TO CALL: <input type="checkbox"/> am <input type="checkbox"/> pm
WHAT POSITION ARE APPLYING FOR?		
HOW DID YOU LEARN ABOUT THIS POSITION?		
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF "Yes", provide (1) DATE; (2) CHARGE; (3) COURT; (5) ACTION TAKEN BY COURT:
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WITH THE LEGAL RIGHT TO WORK IN THE U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

II. EDUCATION, TRAINING & SKILLS:

HIGH SCHOOL:	DID YOU GRADUATE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF "Yes", WHAT YEAR?
COLLEGE (Undergraduate):	DID YOU GRADUATE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF "Yes", YEAR & DEGREE:
COLLEGE (Graduate):	DID YOU GRADUATE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF "Yes", YEAR & DEGREE:
COLLEGE (Doctorate):	DID YOU GRADUATE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF "Yes", YEAR & DEGREE:
CERTIFICATIONS & LICENSES:			
WHAT ADDITIONAL SKILLS DO YOU HAVE APPLICABLE TO POSITION APPLIED FOR?			

III. EMPLOYMENT HISTORY:

A] LAST / CURRENT EMPLOYER:	YOUR TITLE:
EMPLOYER'S ADDRESS:	<i>Street Address</i> <i>City</i> <i>State</i> <i>Zip Code</i>
YOUR DUTIES:	

III. EMPLOYMENT HISTORY: (Continued)

SUPERVISOR'S NAME:	SUPERVISOR'S PHONE:	SUPERVISOR'S TITLE:
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RATE OF PAY: \$ _____ PER: HOUR WEEK BI MONTHLY MONTH YEAR

WERE YOU EVER FORMALLY REPRIMANDED BY YOUR EMPLOYER? Yes No → IF "Yes", DESCRIBE:

DO YOU STILL WORK FOR THIS EMPLOYER? Yes No → IF "No", WHY DID YOU LEAVE?

B] PRIOR EMPLOYER: YOUR TITLE:

EMPLOYER'S ADDRESS: *Street Address* *City* *State* *Zip Code*

YOUR DUTIES:

SUPERVISOR'S NAME:	SUPERVISOR'S PHONE:	SUPERVISOR'S TITLE:
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RATE OF PAY: \$ _____ PER: HOUR WEEK BI MONTHLY MONTH YEAR

WERE YOU EVER FORMALLY REPRIMANDED BY YOUR EMPLOYER? Yes No → IF "Yes", DESCRIBE:

WHY DID YOU LEAVE THIS EMPLOYER?

C] PRIOR EMPLOYER: YOUR TITLE:

EMPLOYER'S ADDRESS: *Street Address* *City* *State* *Zip Code*

YOUR DUTIES:

SUPERVISOR'S NAME:	SUPERVISOR'S PHONE:	SUPERVISOR'S TITLE:
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RATE OF PAY: \$ _____ PER: HOUR WEEK BI MONTHLY MONTH YEAR

WERE YOU EVER FORMALLY REPRIMANDED BY YOUR EMPLOYER? Yes No → IF "Yes", DESCRIBE:

WHY DID YOU LEAVE THIS EMPLOYER?

D] PRIOR EMPLOYER: YOUR TITLE:

EMPLOYER'S ADDRESS: *Street Address* *City* *State* *Zip Code*

YOUR DUTIES:

SUPERVISOR'S NAME:	SUPERVISOR'S PHONE:	SUPERVISOR'S TITLE:
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RATE OF PAY: \$ _____ PER: HOUR WEEK BI MONTHLY MONTH YEAR

WERE YOU EVER FORMALLY REPRIMANDED BY YOUR EMPLOYER? Yes No → IF "Yes", DESCRIBE:

WHY DID YOU LEAVE THIS EMPLOYER?

IV. MILITARY HISTORY: (If Applicable)

HAVE YOU EVER SERVED IN THE MILITARY? <input type="checkbox"/> Yes → <input type="checkbox"/> No If "No", Advance to Section "V. PERSONAL REFERENCES" ↓	WHICH BRANCH?	WHAT DATE?	WHAT RANK?
	DATE SEPERATED?	HONORABLY DISCHARGED? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT RANK?

V. PERSONAL REFERENCES: (Provide 3)

A) PERSONAL REFERENCE (Non Family Member):	RELATIONSHIP:	PHONE:
B) PERSONAL REFERENCE (Non Family Member):	RELATIONSHIP:	PHONE:
C) PERSONAL REFERENCE (Non Family Member):	RELATIONSHIP:	PHONE:

VI. AFFIDAVIT

By my signature below, I certify that: I have read and understand this application, that I have not withheld any information requested, and that the answers on this application are true and correct to the best of my knowledge. I authorize THR Nursing International, Inc.'s representatives to verify the statements made herein by investigation as deemed appropriate and by seeking references from previous employers and personal references and release all other parties from any liability with respect given to any information given. I understand that my employment is contingent upon the truth of the statements made herein, satisfactory reference checks, the results of a background check.

Further, I understand that should I be accepted for employment, I will fully adhere to the rules, regulations, and policies of THR Nursing International, Inc. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between THR Nursing International, Inc and myself for either employment or the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon THR Nursing International, Inc. unless it is made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the THR MNursing International, Inc. retains a similar right.

I understand that any misrepresentation or falsification of facts on this application is cause for rejection of my application and/or termination in the event of my employment.

Applicant's Name (PRINTED) Applicant's SIGNATURE DATE

Completed | |

VII. COMPANY USE:

INTERVIEWER'S NAME:	INTERVIEWER'S TITLE:
INTERVIEWER'S NOTES:	

