

CARDIAC CARE STAFFING
P.O. Box 3062
Mission Viejo, CA 92690
949-226-2538
FAX 949-429-7856
agkmosa@cardiaccarestaffing.com

CARDIAC CARE STAFFING

APPLICATION FOR EMPLOYMENT

CARDIAC CARE STAFFING is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, veteran status, disability status, or any other basis prohibited by federal, state, or local law.

| | | | | | | | |
|-----------------|--|--|------------|-----|------------------|--|--|
| PERSONAL | Last Name | | First Name | | Middle Name | Home Phone () - | |
| | Address | | | | Apartment Number | Cell/Pager () - | |
| | City | | State | Zip | Email address | | |
| | SS # | | | | | Will visa or immigration status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | How were you referred? <input type="checkbox"/> Ad - Name of Publication: _____ <input type="checkbox"/> Internet - Site: _____ <input type="checkbox"/> Employee referral - Name: _____ <input type="checkbox"/> Other - Name: _____ | | | | | | |
| | Name of relatives working at Cardiac Care Staffing: | | | | | | |
| | Have you been convicted or plead "no contest" to any criminal offense(s) within the last ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" indicate: nature of offense, date, court and disposition. (A conviction will not necessarily disqualify you from consideration for employment. | | | | | | |
| | Person to Notify in Emergency: | | | | | | |
| Address: | | | | | Phone: | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| POSITION | Position(s) Desired: | | | Salary Desired: | | |
| | Is there anything that will interfere with your ability to perform on a regular basis, the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain why: | | | | | |
| | Have you previously applied at Cardiac Care Staffing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? | | | Date Available: | | |
| | Days Available <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun | | | Check all boxes you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Temporary <input type="checkbox"/> Summer | | |
| | Hours Available | | | What is your Shift Preference? Please Indicate 1 st , 2 nd and 3 rd ___ Days ___ Evening ___ Nights ___ Weekends | | |
| List areas and/or distances you are willing to travel | | | | | | |

| EDUCATION AND TRAINING | Type of School | School and Location | Dates attended | Degree Earned | Course of Study or Major |
|--|----------------------------|---------------------|----------------|---------------|--------------------------|
| | High School or GED | | | | |
| | Vocational or Technical | | | | |
| | College/ University | | | | |
| | Graduate School | | | | |
| | Other Courses and Training | | | | |
| | Military | | | | |
| Apprenticeship programs, special skills, languages Explain: | | | | | |

| | | |
|-----------------|--|-------|
| Applicant Name: | | Date: |
|-----------------|--|-------|

| | | | | |
|---|---|--------------------------------|--------------------------|-----------|
| EMPLOYMENT HISTORY | Begin with your most recent position: This section must be completed even if a resume is attached. | | | |
| | Company Name | | Company Address | |
| | Supervisor Name | Supervisor Phone No. () | Reason for Leaving | |
| | Position Title | Employment Dates: to | Number of Hours per week | Last Wage |
| | Duties | | | |
| | Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Company Name | | Company Address | |
| | Supervisor Name | Supervisor Phone No. () | Reason for Leaving | |
| | Position Title | Employment Dates: to | Number of Hours per week | Last Wage |
| | Duties | | | |
| | Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Company Name | | Company Address | |
| | Supervisor Name | Supervisor Phone No. () | Reason for Leaving | |
| | Position Title | Employment Dates: to | Number of Hours per week | Last Wage |
| | Duties | | | |
| Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| List all Periods of Unemployment of 30 days or greater and Explain: | | | | |

| | | | | | | | |
|--------------------------------|---------------|--|---------------|-------|--------------|-----------|--|
| PROFESSIONAL REFERENCES | Name: | | Relationship: | | Years Known: | | |
| | Address: | | | City: | State: | Zip code: | |
| | Phone Number: | | Company: | | Occupation: | | |
| | Name: | | Relationship: | | Years Known: | | |
| | Address: | | | City: | State: | Zip code: | |
| | Phone Number: | | Company: | | Occupation: | | |
| | Name: | | Relationship: | | Years Known: | | |
| | Address: | | | City: | State: | Zip code: | |
| | Phone Number: | | Company: | | Occupation: | | |

List any additional information that you feel may be helpful to us in considering your application.

| | |
|-----------------------------|---|
| EMPLOYMENT AGREEMENT | <ol style="list-style-type: none"> 1. I certify that all information given by me on this application and attached resume (if applicable) is true, complete and correct to the best of my knowledge. I understand that if I am employed, discovery that I gave false or misleading information during the application process may result in immediate dismissal. 2. I authorize Cardiac Care Staffing to solicit information regarding my character, general reputation, criminal history, previous employment, education, military service, and similar background information, and to contact any and all references I have given on my application and resume. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release Cardiac Care Staffing from any liability for future references it may provide regarding my work history with Cardiac Care Staffing 3. I understand that upon my approval to submit my resume and/or upon my interview with a client of Cardiac Care Staffing that I am obligated not to accept direct or indirect employment with that client for a period of 180 days, unless I have received written consent from Cardiac Care Staffing I further acknowledge that during an assignment or following the completion of an assignment with a client of Cardiac Care Staffing that I may not accept direct or indirect employment for a period of 180 days unless I have received written consent from Cardiac Care Staffing 4. I understand and agree to allow Cardiac Care Staffing to release the Employment History section to clients upon request. 5. I understand all information, which I obtain through the application or employment process, pertaining to Cardiac Care Staffing and/or clients to whom I have been referred by Cardiac Care Staffing, is confidential and shall not be disclosed at any time. 6. I understand that Cardiac Care Staffing is an "at-will" employer. I understand that my employment can be terminated with or without cause, and with or without notice at any time, at the option of either Cardiac Care Staffing or myself. I understand that no representative of Cardiac Care Staffing, other than the CEO or President, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. 7. I hereby acknowledge that I have read and understand the preceding statements. |
| | <p>Applicant Signature _____ Date _____</p> |

APPLICATION FOR EMPLOYMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

Please Print

| | | | | |
|------------------------------------|------------------|-------------------|--------|---------------------------|
| Legal Last Name | Legal First name | Legal Middle Name | | |
| List Any Names Previously Known By | | | | |
| Social Security Number - - | | Date of Birth | | |
| Current address | | | | |
| City | State | Zip | County | How long at this address? |

Previous residences for the last 5 years: (complete city, state, county & period of time at each residence)

| | | | |
|------|-------|--------|---------------------------|
| City | State | County | How long at this address? |
| City | State | County | How long at this address? |
| City | State | County | How long at this address? |
| City | State | County | How long at this address? |
| City | State | County | How long at this address? |

I, the undersigned applicant for employment with Cardiac Care Staffing, in consideration of the review of my employment application, do hereby authorize all corporations, companies, educational institutions, law enforcement agencies, military services, credit agencies, D.M.V. records and former employers to release any information including my skills, background, character and personal reputation with regard to my suitability for employment with Cardiac Care Staffing I agree to waive any claim or cause of action relating to such release and promise to defend and hold harmless those entities listed above, their officers and employees and the Cardiac Care Staffing, its officers and employees from any claim or loss arising from such release. It is my intention that any copy of this authorization be as effective as the original.

Signature

Date