

COMPREHENSIVE HEALTHCARE STAFFING
HIRE CANDIDATE INFORMATION

PLEASE PRINT CLEARLY:

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

SS NUMBER _____ BIRTHDAY MONTH/DAY _____/_____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE #1 _____ TELEPHONE #2 _____ CELL # _____

EMAIL ADDRESS _____ EMERGENCY CONTACT NAME/PHONE NUMBER: _____

If hired by our client, would you have a reliable means of transportation to and from work? Yes No

Do you speak, write or understand any other languages? Yes No If yes, which language(s)? _____

Have you ever worked for CHS before? Yes No
If yes, when? _____ Where? _____

How did you hear about CHS? (Please specify:)
 Newspaper Which paper? _____ Friend Referral _____
 Company Referral Employment Development Department Other _____

If hired, can you present evidence to our client of your U.S. citizenship or proof of your legal right to work in this country? Yes No

Signature _____ Date _____

Are you at least 18 years of age? (If under 18, hire is subject to verification of minimum legal age) Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?..... Yes No
If not, describe the functions that cannot be performed: _____

(Note: CHS and our clients comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible candidates to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No
If yes, state nature of crime(s), when and where convicted, and disposition of the case. _____

(Note: No candidate will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)



EMPLOYMENT HISTORY *List most recent job first*
PLEASE EXPLAIN ANY AND ALL GAPS IN EMPLOYMENT

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Name of Employer:	Telephone #	Last/Current Salary <input type="checkbox"/> Annually \$ _____ <input type="checkbox"/> Hourly \$ _____
Address:		Position Title:
Duties:		Employed: From ____/____/____ to ____/____/____
Reason for Leaving:		Supervisor's Name: _____ May we contact this person for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, who else may we contact? Please list someone with authority who knew you on the job and can supply a reference:		
Name: _____	Title: _____	Phone # _____

Name of Employer:	Telephone #	Last/Current Salary <input type="checkbox"/> Annually \$ _____ <input type="checkbox"/> Hourly \$ _____
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Duties:		Employed: From ____/____/____ to ____/____/____
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If no, who else may we contact? Please list someone with authority who knew you on the job and can supply a reference:		
Name: _____	Title: _____	Phone # _____



PLEASE READ CAREFULLY AND SIGN BELOW

Yes **No** I hereby authorize CHS to thoroughly investigate my references, work record, education and other matters related to my suitability for employment with CHS's client and, further, authorize the references I have listed to disclose to CHS any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release CHS, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Employment Agreement (excludes direct hire placements).

1. **Yes** **No** Employee understands that while on an assignment (other than direct placement), CHS is the Employer and will provide all payroll responsibilities. Employment with CHS is an "at-will employment" and can be terminated at will with or without notice, with or without cause or reason.
2. **Yes** **No** Employee will be disclosed all aspects of an assignment (set pay rate and length of an assignment) prior to the start date of the assignment. Employee can decline or accept a position. Should the Employee accept a position he/she will be committed to the end of the assignment. If an employee is unable to complete an assignment, the employee agrees to give appropriate written notice of two weeks, as they would to any other Employer, or until CHS is able to find a suitable replacement. Additionally, Employee understands that CHS is the EMPLOYER of record which requires the Employee to notify CHS of any intended tardiness or absences prior to start of scheduled shift. After notifying CHS, the Employee must call in to the assignment site supervisor to advise of any absences. Any absences longer than two days will require a Dr's note to return to work. Three non-excused absences may result in termination and nay No Show/No Calls will result in immediate termination. Employee understands that to be eligible for rehire through CHS they must complete each accepted assignment successfully.
3. **Yes** **No** Employee understands that declining a reasonable assignment or failure to notify CHS regarding availability upon the end of an assignment may adversely effect eligibility for unemployment benefits.
4. **Yes** **No** Employee understands that as CHS is the employer of record, any issues or complaints regarding the assignment must be directed only to a CHS representative and not to the client nor any employees of the client.
5. **Yes** **No** Employee understands that any discussions and negotiations for direct-hire as a result of an assignment are to be handled through CHS. I will not approach the client about direct-hire without prior discussion with a representative of CHS. Additionally, I will notify CHS about any discussions regarding assignment extensions and/or assignment ending.
6. **Yes** **No** Employee agrees to represent CHS professionally and to conduct themselves as such while on assignment. Any injuries occurring while on assignment will be immediately brought to the attention of a CHS representative.
7. **Yes** **No** I understand and will adhere to the CHS and the client's Drug Free Workplace policy. I further understand as a condition of employment with CHS's client, I may be required to undergo pre-employment drug testing at the client's request.

Yes **No** **Non-Competition Agreement.** Employee agrees that he/she will not accept any offer of employment (either as an employee or independent contractor) from any Client for whom Employee performed services while employed by CHS without written consent from CHS for a period of one year after termination of the employment relationship. During the same period, Employee will not accept any independent contractor assignment from such Clients without the prior written consent from CHS. Additionally, when presented to a Client from CHS, the employee will not seek employment from the Client unless CHS is notified.

Print Name: _____

Signature: _____

Date: _____

