

Pleasant Health Services, Inc., 4915 Auburn Ave, #306, Bethesda, MD 20814. Tel: 301-460-6372.

Fax: 301-460-1551. Web: www.pleasanthealth.com

EMPLOYMENT APPLICATION

Pleasant Health Services, Inc., known as PHS is an equal opportunity employer and does not discriminate on the bases of race, color, religion, sex, national origin, age, marital status, disability, or any other bases prohibited by law.

Application Date ___/___/___ Date available to work ___/___/___ SSN ___-___-___

Name _____
Last First Middle Initial (Maiden)

Address _____
Street City State Zip

Telephone Numbers: Home: (___) _____ Work: (___) _____ Mobile: (___) _____

Email: _____

Person to notify in case of emergency _____
Name Relationship Phone No.

Are you eligible to work in the United States? Yes ___ No ___

Have you ever worked for us before? Yes ___ No ___ If Yes, when: _____

Have you ever applied with us before? Yes ___ No ___ If Yes, when: _____

Have you ever been convicted of a crime, misdemeanor, or felony? Yes ___ No ___ If Yes, explain: _____

Are you seeking and available to work: Full time ___ Part time ___ Contracting ___ Per Diem ___ Temporary ___
Shift preferences: 7a-3p 3p-11p 11p-7a 7a-7p 7p-7a Other _____

LICENSING INFORMATION: (Include front and back copies of all licenses held)

State _____ Expiration date: ___/___/___ State _____ Expiration date: ___/___/___

State _____ Expiration date: ___/___/___ State _____ Expiration date: ___/___/___

Has your licensed ever been investigated, suspended or placed on probation? Yes ___ No ___
If yes, explain (attach explanation) _____

CERTIFICATION: (Include front and back copies of all licenses held)

BLS expiration date _____ ACLS expiration date _____

NRP expiration date _____ PALS expiration date _____

Other _____ Expiration date _____

EDUCATION:

School Name	Address	Graduated Mo/Yr	Diploma, Degrees

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EMPLOYMENT HISTORY:

Start with your present or most recent job including military service assignment. Account for all periods of unemployment, including time in school or training. If you have worked for more than one employers, please use a separate sheet.

Employer's Name	Address	Phone No.	From	To
1.				
2.				
3.				

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CERTIFICATION AND ACKNOWLEDGEMENT: I hereby certify that this application was completed by me and that all entries on it and information in it are true and correct to the best of my knowledge. I understand that false or misleading information given in this application and/or in my interview will void this application or subject me to discharge at anytime if I am employed.

Applicant's Signature: _____

Date: _____