



EMPLOYMENT APPLICATION

As an Equal Opportunity Employer, Royal Treatment Health Care Services, Inc.'s policy and federal law prohibit discrimination because of race, religion, age, sex, marital status, disability, or national origin.

PERSONAL INFORMATION

Legal Name: _____ **Preferred Name:** _____
Last First M.I.

Date of Birth: _____ **Social Security #:** _____

Address: _____
Street Address Apartment / Unit #

City State Zip Code

Phone: _____ **Service provider:** _____ **Email:** _____

Are you a U.S. citizen? Yes No- If no, please provide alien registration #: _____

Have you ever served in the U.S. Military? No Yes, from _____ to _____
If yes, indicate the branch of service and your rank: _____

Emergency Contact: Name: _____ Phone: _____

POSITION DESIRED

Position applying for: _____ **Pay desired:** _____

WORK HISTORY

List all full, part-time, temporary, or self-employment. Begin with the most recent employer. You may attach your resume as well.

1. Company Name: _____ **Phone:** _____
Address: _____
Position title: _____ **Supervisor:** _____
Employed from _____ **to** _____ **Reason for leaving:** _____

2. Company Name: _____ **Phone:** _____
Address: _____
Position title: _____ **Supervisor:** _____
Employed from _____ **to** _____ **Reason for leaving:** _____

3. Company Name: _____ **Phone:** _____
Address: _____
Position title: _____ **Supervisor:** _____
Employed from _____ **to** _____ **Reason for leaving:** _____

EDUCATIONAL BACKGROUND

High School: _____ **Location:** _____
Years attended: _____ **Did you graduate?** Yes No **Diploma:** _____

College: _____ **Location:** _____
Years attended: _____ **Did you graduate?** Yes No **Degree:** _____

Other: _____ **Location:** _____
Years attended: _____ **Did you graduate?** Yes No **Degree:** _____

My signature below confirms that all the information provided on this employment application is accurate and complete. I understand that my employment will be contingent upon the accuracy, completeness, and acceptability of the information furnished. Permission is therefore granted to Royal Treatment Health Care Services, Inc. to verify all statements in this application for employment.

Signature _____ **Date:** _____



REFERENCE CHECK / VERIFICATION OF PREVIOUS EMPLOYMENT

Royal Treatment Health Care Services, Inc. has my authorization to contact all past employers and/or other individuals, agencies, or entities concerning the information I have supplied. I waive, release, and hold harmless such individuals, agencies, or entities from any claims arising from the information they may supply Royal Treatment Health Care Services, Inc.

Applicant Name: _____

Signature: _____

Date: _____

Please provide three (3) references using the section below for each individual.

1 Reference Name: _____
Relationship/Company/Organization: _____
Reference's Contact Number: _____ Fax: _____

If reference is with a previous employer, please complete below:

Dates of Employment: from _____ to _____
Job title/ duties: _____

Reason for Separation: N/A- still employed Voluntary
 Involuntary (explain) _____

2 Reference Name: _____
Relationship/Company/Organization: _____
Reference's Contact Number: _____ Fax: _____

If reference is with a previous employer, please complete below:

Dates of Employment: from _____ to _____
Job title/ duties: _____

Reason for Separation: N/A- still employed Voluntary
 Involuntary (explain) _____

3 Reference Name: _____
Relationship/Company/Organization: _____
Reference's Contact Number: _____ Fax: _____

If reference is with a previous employer, please complete below:

Dates of Employment: from _____ to _____
Job title/ duties: _____

Reason for Separation: N/A- still employed Voluntary
 Involuntary (explain) _____



INTERVIEWING QUESTIONNAIRE

Date: _____

Applicant Name: _____

Position applying for: RN LPN

Schedule availability for seeing patients: _____

Area(s)/distance willing to travel: _____

List any additional certifications: _____

Why did you decide to become a nurse? _____

Please give us an example of a situation where you had to deal with a difficult and demanding patient, and what you did: _____

Why do you want to work in home health? _____

Why do you feel you are qualified for the job? _____

Please describe your organizational/time management skills: _____

Please explain your experience starting peripheral IVs: _____

What is your experience with CVADs? _____

What are your career objectives over the next five years? _____



**FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK,
CONSUMER REPORTING CONSENT,
AND FBI PRIVACY ACT STATEMENT**

A full Criminal History Records Check, which may include both State and FBI checks, is a requirement for employment with this agency. The Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) oversees Criminal History Record Checks. You will be given a pre-registration application (with this Agency’s CJIS Authorization number) to complete and submit at a Livescan fingerprinting location where they will take your fingerprints.

Results of the background check will come directly to the agency and will be handled in a manner that protects your privacy. If any results contains negative information, it will be reviewed by the hiring manager, who may contact you to request additional information. If you feel the information in the background check is inaccurate, you will have no more than thirty (30) days to challenge the information. If you wish to have official records of the FBI changed, you may do so by following the guidelines established by the FBI, found under the 28 CFR 16.34*.

In addition to fingerprint-based criminal history record check, this agency may obtain a “consumer report” about you from a consumer reporting agency for employment purposes. A “consumer” report is a background screening report that may contain information regarding your criminal history, driving history, and/or other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Please note, the following offenses as described below may potentially bar employment:

- | | |
|--|----------------------------------|
| CRIMINAL HOMICIDE | KIDNAPPING & FALSE IMPRISONMENT |
| INDECENCY WITH A CHILD | AGREEMENT TO ABDUCT FROM CUSTODY |
| SOLICITATION OF A CHILD | SALE OR PURCHASE OF A CHILD |
| ARSON | ASSAULTIVE OFFENSES |
| AGGRAVATED ROBBERY | THEFT |
| BURGLARY & CRIMINAL TRESPASS | FRAUD |
| WEAPONS | INDECENT EXPOSURE |
| PUBLIC LEWDNESS | PUBLIC INDECENCY |
| A FELONY VIOLATION OF A
STATURE INTENDED TO CONTROL
THE POSSESSION OR DISTRIBUTION OF A
SUBSTANCE (MARYLAND CONTROLLED
SUBSTANCE ACT | |

* See <https://www.fbi.gov/services/cjis/identity-history-summary-check> and <https://www.edo.cjis.gov>

By signing below, I, (print name) _____, authorize Royal Treatment Health Care Services, Inc. to obtain “consumer reports” about me at any time during the hiring process and throughout my employment, if applicable. I understand my background check results will be kept private. If there is any negative information that includes, but is not limited, offenses as listed above, I understand I may be barred from employment with this agency if I am unable to challenge the information as instructed by the FBI within thirty (30) days. I also confirm I have read and understand the FBI Privacy Act Statement provided.

Signature _____

Date: _____



**Please keep this page for your records.*

FBI PRIVACY ACT STATEMENT

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, security, licensing, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics can be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI, for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018