**B&D Staffingsolutions**

**B&D Staffing Solutions LLC**

**Application For Employment**

Please print or type. The

application must be fully

completed to be

considered. Please

complete each section,

even if you attach a

resume.

We are an Equal

Opportunity Employer and

committed to excellence

through diversity.

**Personal Information**

Name

|  |  |  |  |
| --- | --- | --- | --- |
| Address | City | State | Zip |
|  |  |
| Phone number | Email address | |  |
| Are you legally eligible to work in the US?  Yes No | Are you a veteran?  Yes No | |  |
|
| If selected for employment are you willing to submit to a background check? | | |  |

Yes No

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | |
| **Position** |  |  | |
| Position you are applying for  APRN RN LPN NA TECH OTHER\_\_\_\_\_\_\_  Area of specialty: ICU Medsurg. Telemetry. Rehab/Long Term Care. Dialysis | Available start date |  | FT PT | |
|  | |
| BLS\_\_\_ ACLS\_\_\_\_ PALS\_\_\_\_  Licensed Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_  List all states/Territories you have ever Registered as a RN/APRN/NA\_\_\_\_\_\_\_  Registration Number:\_\_\_\_\_\_\_\_\_\_Expiration Date:\_\_\_\_\_\_\_  Do you have pending or have you ever had any registration practice revoked suspended restricted probation or voluntary relinquished Yes No if yes explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment History** | | | |
| **Employer (1)** | Job title | | Dates employed |
|  |
| Work phone | Starting pay rate |  | Ending pay rate |
|  |  |
| Address | City | State | Zip |
|  |  |
| **Employer (2)** | Job title | | Dates employed |
|  |
| Work phone | Starting pay rate |  | Ending pay rate |
|  |
| Address | City | State | Zip |
|  |  |
| **Employer (3)** | Job title | | Dates employed |
|  |
| Work phone | Starting pay rate | | Ending pay rate |
|  | |  |
| Address | City | State | Zip |
|  |  |
| **Employer (4)** | Job Title | | Dates employed |
|  | |  |
| Work phone | Starting pay rate | | Ending pay rate |
|  | |  |
| Address | City | State | Zip |
|  |  |
| **Employer (5)** | Job title | | Dates employed |
|  | |  |
| Work phone | Starting pay rate |  | Ending pay rate |
|  |  |
| Address | City | State | Zip |
|  |  |
|  | | | |
| **Signature Disclaimer** | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated. | | | |
| Name (please print) | Signature | | |
|
| Date |
|

**AUTHORIZATION FOR RELEASE OF INFORMATION**

In order for B&D Staffing Solutions LLC to assess and verify my educational background, professional qualifications and suitability for employment: I Authorize B&D Staffing Solutions to make inquiries concerning such information about me to my previous employer(s), current employer, educational institutions, State licensing boards, other professional organizations and/or persons, agencies, organizations or institutions listed by me as references, and to any other appropriate sources to whom B&D Staffing Solutions may be referred by those contacted or deemed appropriate;  
Authorize release of such information and copies of related records and/or documents to B&D Staffing Solutions LLC.

Release from liability all those who provide information to B&D Staffing Solutions LLC in good faith and without malice in response to such inquiries; and

Authorize B&D Staffing Solutions LLC to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me to enable B&D Staffing Solutions to make such inquiries.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_