

# Trustworthy Healthcare Resources, Inc.

12014 Benjamin St  
Beltsville, MD 20705

Phone: (301) 502-7331 Fax: (301) 931-8228 E-Mail: info@twhri.com

## Employment Application Form

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

### APPLICATION FOR EMPLOYMENT

**PLEASE COMPLETE ALL PAGES AND PRINT** DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired:  FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME     PER DIEM

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

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DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

What is your means of transportation to work? \_\_\_\_\_

Driver's license  
number \_\_\_\_\_  
Expiration date \_\_\_\_\_

State of issue \_\_\_\_\_

Have you had any accidents during the past three years?

How many? \_\_\_\_\_

Have you had any moving violations during the past three years?

How Many? \_\_\_\_\_

**THIS SECTION FOR OFFICE POSITIONS ONLY**

Typing     Yes  
           No        \_\_\_\_\_ WPM

10-key     Yes  
            No

Word         Yes  
Processing    No        \_\_\_\_\_ WPM

Personal     Yes    PC      
Computer    No     Mac  

Other \_\_\_\_\_  
Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (    ) \_\_\_\_\_

Telephone (    ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your Last Job Title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer?     Yes     No    if No, explain why \_\_\_\_\_

\_\_\_\_\_

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**PLEASE READ CAREFULLY BEFORE SIGNING**

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1. I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire and termination of my employment
2. I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with TRUSTWORTHY HEALTHCARE RESOURCES, INC. ("THR") creates an actual or implied contract of employment. I understand that, if I accept employment with THR, it will be on at-will basis. This means that either THR or I have the right to terminate the employment relationship at any time, for any reason, with or without cause. If my employment is terminated, THR is liable only for wages or salary earned as of the date of termination.
3. I agree to submit to drug and alcohol testing, if requested by THR. I release THR, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.
4. I authorize THR to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release THR and its employees from all liability arising from such investigation.
5. Any doctor, hospital or testing laboratory has my consent to conduct medical or drug test on me, and I hereby give my consent to having all information released for THR to determine my abilities to perform job duties now or in the future.
6. I understand that THR requires all staff to report sanction, convictions, suspensions, censures or revocation action taken against them by federal, state, local, or other professional entities. These sanctions may include but not limited to infractions against professional licensure, criminal history convictions, history of child abuse, managed care organization, etc.
7. This application is current and active for only six months. At the conclusion of this time, if I have not had any contact from THR and still wish to be considered for employment, it will be necessary for me to complete a new employment application.
8. If employed, I understand that I must abide by THR's policies and procedures.

***I have read and agree to the above and hereby certify that the information I have provided in my employment application are true and complete.***

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

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TRUSTWORTHY HEALTHCARE RESOURCES INC. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.

**FOR PERSONNEL USE ONLY**

Arrange Interview: Yes  No  Interview Date \_\_\_\_\_ Remarks \_\_\_\_\_

\_\_\_\_\_ Employed: Yes  No  Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Name & Title of Authorized Personnel \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Please attach copies of:**

- CNA, GNA, or HHA Certificate
- Medication Technician Certificate
- Social Security Card
- Driver's License
- Physical Exam
- Immunization Record
- T.B. Clearance Certificate
- CPR Card
- First Aid Card