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 Lancaster, PA 17603  
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**EMPLOYMENT APPLICATION FORM**

Please, complete the following pages in their entirety. **Date of Application**     /     /     .

Last Name:	First Name:	Middle Name:		
Street Number:	Street:	City:	State:	Zip:
How long at current address?				
Telephone #: (   ) -     -		Social Security Number:     -     -		
Are you under the age of 18? <input type="checkbox"/> YES <input type="checkbox"/> NO     Can you provide proof of your eligibility to work? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are you currently authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO     Proof of eligibility will be required if hired.				

Position Applied for (please select one):     **CNA**     **LPN**     **RN**  
 How many hours will you be able to work on average, per week? \_\_\_\_\_  
 When are you available to start work? \_\_\_\_\_

Days/hours available to work:      No preference/hours will vary week to week  
 Monday      Thursday  
 Tuesday      Friday  
 Wednesday      Saturday  
 Sunday

Please, include shifts next to avail days.

**EDUCATION:** Please, include High School, any college, technical/vocational schools, etc.

Name/Type of School:	Location:	# of yrs completed	Major & Degree Earned

**Have you ever been convicted of a crime?**      Yes      No (A conviction record will not necessarily disqualify you from employment.)

**Were you referred by an employee of Skilled Staffing Solutions?**      Yes      No  
 If so, please provide their name: \_\_\_\_\_



**Military Experience**

Have you ever been in the armed forces? \_\_\_Yes \_\_\_NO If so, when? \_\_\_\_\_  
 Are you CURRENTLY a member of the armed forces? \_\_\_Yes \_\_\_NO  
 If yes, what is your specialty? \_\_\_\_\_ Date Entered: \_\_\_\_\_ Discharged: \_\_\_\_\_

**WORK EXPERIENCE**

Please, provide a list of your work experience, beginning with your current or most recent job held. If you were self-employed, please give firm name. You may use the back of this sheet if additional space is needed.

**Most Recent:** May we contact your present employer? \_\_\_\_\_

<b>Name of Employer:</b>		<b>Job Title:</b>	
Address:	City:	State:	Zip:
Phone Number:			
Employment Date: <b>From:</b> _____		<b>To:</b> _____	
Name of Last Supervisor: _____		Pay/Salary: _____	
Reason for leaving, please be specific: _____			
_____			
_____			

<b>Name of Employer:</b>		<b>Job Title:</b>	
Address:	City:	State:	Zip:
Phone Number:			
Employment Date: <b>From:</b> _____		<b>To:</b> _____	
Name of Last Supervisor: _____		Pay/Salary: _____	
Reason for leaving, please be specific: _____			
_____			
_____			

<b>Name of Employer:</b>		<b>Job Title:</b>	
Address:	City:	State:	Zip:
Phone Number:			
Employment Date: <b>From:</b> _____		<b>To:</b> _____	
Name of Last Supervisor: _____		Pay/Salary: _____	
Reason for leaving, please be specific: _____			
_____			
_____			



**PLEASE READ CAREFULLY**

I hereby authorize the Skilled Staffing Solutions to contact, obtain, and verify the accuracy of the information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Skilled Staffing Solutions and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

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After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation \_\_\_Yes\_\_\_No

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name (print): \_\_\_\_\_