



APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE. PLEASE NOTE: APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Email address: _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ Cell# (____) _____

Emergency Contact : Name _____ Telephone (____) _____

Position applied for: (Be specific)	Salary Desired	Days/hours available to work
(1) _____	\$_____/hour	No Pref _____ Sun _____ Mon _____
(2) _____	\$_____/hour	Tue _____ Wed _____ Thu _____
		Fri _____ Sat _____

Please check the specific area(s) that best match(es) your current experience, interest and education.

- Supplemental Staffing
 Hospital
 Emergency Department
 Nursing Home
 Geriatric
 Psychiatric
 Pediatric/Maternal Child
 ICU/CCU
 Labor/Delivery
 Med/Surg _____
 Other Specialty _____

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
 CONTRACT

7am - 3pm
 3pm – 11pm
 11pm – 7am
 7am – 7pm
 7pm – 7am
 Visits Only
 Other

Date 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				

LICENSE/CERTIFICATION

License Type	License /Certification No.	State	Expiration Date
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License Type	License /Certification No.	State	Expiration Date
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Has your professional license ever been suspended, revoked or under investigation?
 No
 Yes

CPR Expiration Date	Last Physical Exam Date	Last TB/CXR Date
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Work experience cont'd			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
Was the position attained through a staffing company? <input type="checkbox"/> Yes If yes, provide name _____ <input type="checkbox"/> No			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No			
		OFFICE USE ONLY	
<input type="checkbox"/>	Registered Nurse	Skills	
<input type="checkbox"/>	Licensed Practical Nurse	Skills	
<input type="checkbox"/>	Physical Therapist	Skills	
<input type="checkbox"/>	Occupational Therapist	Skills	
<input type="checkbox"/>	Speech Language Pathologist	Skills	
<input type="checkbox"/>	Certified Nursing Assistant	Skills	
<input type="checkbox"/>	Other Medical Staffing	Skills	
Test Scores: RN _____ Occupational Therapy _____ Physical Therapy _____ LPN/LVN _____ Dosage Calculations _____ Other _____ CNA _____ Medical Typing Test _____ Medical Terminology _____ _____			
Personal <input type="checkbox"/> Yes PC <input type="checkbox"/> Other _____			
Computer <input type="checkbox"/> No Mac <input type="checkbox"/> Skills _____			



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Premier Planning & Management Consulting, LLC, (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Premier Planning and Management Consulting, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /Vice President of the Company. Both the undersigned and Premier Planning and Management Consulting, may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Premier Planning & Management Consulting may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I understand that completion of this application does not assure me of a position with the Company. I also understand that neither this application nor any other document constitutes a contract of employment for a specific term and that employment relationship that may be established will be "at will" and may be terminated at any time, for any reason or no reason, by me or the Company.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Premier Planning & Management Consulting permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Premier Planning & Management Consulting from any liability as a result of such contact.

I also understand that (1) Premier Planning & Management Consulting has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may require me to consent to or authorize the disclosure of my criminal record and/ or consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living prior to employment and at any time during my employment, to the extent permitted by applicable law. Upon written request from me, Premier Planning & Management Consulting will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I certify that I have read, understand and agree with the above.

Signature of applicant _____ Date: _____

Premier Planning & Management Consulting 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. We assure you that your opportunity for employment with this Company depends solely on your qualifications.



Employment Reference Check

Date: _____

Premier Planning and Management Consulting
17117 West Nine Mile Road, Suite 537
Southfield, MI 48075

Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Premier Planning & Management Consulting, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: _____

Date: _____

Former Employer:

Phone Number:

Fax:

Supervisor Name:

Street Address:

City, State and Zip Code:

Re: Reference for:

Social Security Number:

Position Held at Former Employer:

Dear [Former Employer]:

The above named individual has applied for employment with Premier Planning and Management Consulting, and has named you as a former employer. In order to make an informed hiring decision, we need to know the applicant's work history. The Applicant has signed a release permitting you to provide us with the requested information, and a copy is attached. Any information that you give will be held in the strictest confidence.

Please verify employment by answering the following questions:

How long was the Applicant with your company? _____

Please provide all dates of employment: _____

What was the Applicant's final rate of pay? _____

Was the Applicant reliable? No Yes Would you rehire this person? No Yes

Was the Applicant's work satisfactory? No Yes

Why did the Applicant leave your employment? _____

Information provided by: _____

Thank you for your cooperation and prompt response. Upon completion, please fax to:

Premier Planning and Management Consulting at: 248-569-5130



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17117 West Nine Mile Road, Suite 537
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