

****IMPORTANT – JOB CANDIDATE PLEASE READ THIS SECTION BEFORE FILLING OUT APPLICATION****

Job Candidate: please be advised that we will not be able to process your application unless you have completed the sections mentioned below. All other documents, to follow, are discipline-specific and may, or may not, be mandatory. Thus, more specific instructions will be discussed at the time of appointment. Even if some things are not listed on this checklist, and you believe them to be applicable to you, please fill it out as completely as possible. Thank you for your attention, and we hope to meet with you soon!

We have made the following **checklist** for your convenience. In order to process your application, without delay, please make sure you fill out the following **completely** before turning in the application and other applicable forms:

*(This is only a checklist for your convenience and does not need to be turned in but you **MUST** fill out your application completely to process your application.)*

- Application Curriculum Vitae** (page 1)
 - Make sure to include your Social Security Number (*we need it for background check purposes*)
 - Your full name **as is** on your RN, OT, PT, COTA, LPTA, etc. state license and/or birth certificate. Please do not use your nick name but if you wish, do let us know what you prefer to go by.
 - Correct address, phone number and email address in order to contact you.
 - Make sure you have listed **three personal** references that you have known at least **one** year, excluding relatives and previous employers
- Education** (page 1) – *please make sure to fill out this section as complete as possible, as we sometimes need it for background check purposes.*
 - Name of College, School of Nursing, or University, and Graduate school attended if applicable
 - Address of school (if not known please put the city and state)
 - Years attended and years completed
 - If you graduated, your major and degree
 - If you need additional space in this section, please feel free to use the back.
- Licensure & Additional Certifications** (page 1)
 - You must list all states in which you are licensed or have been licensed before, including inactive licenses.
 - Please include:
 - The state where the license was issued
 - License number
 - Expiration date
 - Please provide documentation of all current licenses (we can verify the license online, if you no longer have that document)
 - Indicate if your license has ever been suspended, revoked, or investigated. (*If yes, please include a separate sheet with explanation.*)
 - Check yes or no if you are CPR/BCLS certified. If yes, include date taken and expiration date. (*please enclose copies*) – **You must have current CPR prior to assignment.**
- Authorization** (page 2) – Please read this section carefully; sign and date it.
 - Check yes or no if you are legally eligible for employment in the United States.
 - Check yes or no if you have ever been convicted of a felony; if yes, please include a separate sheet with explanation. (*Conviction of a crime will NOT result in automatic disqualification.*)
- Employment History** (page 2) – *please make sure to fill out this section as complete as possible, as we need it to continue the application process. Please do not write “See Resume,” as we will NOT be able to process your application.*
 - You must include the dates you were employed
 - Please write the starting month and year as well as the ending month and year of employment.
 - You must also include:
 - The name and location of the organization you were employed.
 - The nature of business
 - Your position title
 - Duties performed
 - Starting and ending salary
 - Reason for leaving

- Please include the name of your immediate supervisor along with their title and a phone number
- Please read and answer the questions carefully.
- Additional Candidate Information** (page 3)
 - Please make note of the benefit and salary information. It would help us, in your search, if you indicated what your expectations are.
 - In the box provided, give us *your* summary of your qualifications. Don't be shy to show yourself off!
 - Make it a point to indicate which companies you prefer we NOT consider ☺.
- Drug Free Environment Policy** (page 4) – Please read the form carefully; sign and date it.
- Background Check Authorization Form** (page 5) – Please read the form carefully; sign and date it.
- Confidentiality (Non-Disclosure) Agreement** (page 6) – Please read the form carefully, sign and date it.
- Employment References** (pages 7,8,9)– ***you MUST include 2 employment references, preferably 3***
 - Please make sure you fill out both employment reference sheets
 - You **MUST** include:
 - Your Name
 - Name of Reference and their Title
 - Phone number
 - The references relationship to you, as it pertained to employment
 - Please make sure you have signed **ALL** reference forms, or this reference **CANNOT** be used
- Job Description and Exams** – (*if applicable*)
 - If we sent you a Job Description and/or an Exam along with your application, please make sure to print your name, sign (if indicated), and date it.
 - Make sure all questions on the exam(s) have been answered
 - Read the Job Description carefully; sign and date it.
- Your appointment**
 - If you have an appointment scheduled with us please make sure to bring the following with you:
 - **Credential Items Needed:**
 - 2 Forms of I.D.
 - Current CPR Card
 - Professional License (if not in document form, provide license #)

Please feel free to ask us any questions you might have regarding the application.

U.S. Got People



www.usgotpeople.com

“Life is easier when you’ve got people.”

Other names by which you are known to personal or employment references you have listed (if different from present):

Authorization: I, the undersigned candidate for employment authorize H/R Search, Inc. to assist me in securing employment and to make reference checks which may include employment records, general reputation, personal characteristics, and finances. I also understand that under the Fair Credit Reporting Act, I have the right to request a copy.

X _____ Date _____

VISA INFORMATION

Can you provide evidence that you are legally able to work in the United States? Y N
 Please note that as required by the immigration reform and control act of 1986, **you cannot be employed** unless you can produce work authorization and identity documents as specified by the law. If you cannot provide proper documentation, you should discuss this with your recruiter immediately.

CRIMINAL RECORD

Within the past 7 years have you been convicted of an offense against civil or military law, or been released from a prison or other detention facility? (Omit [1] traffic violations with a fine under \$100 except where liquor or drugs were involved and [2] any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a youth offender law) A conviction record will not necessarily bar you from employment. Y N
 If yes, please indicate the nature or the offense, date, court and deposition: _____

REFERRAL SOURCE (How did you hear about us?)

- Friend Name: _____
- Relative Name: _____
- Employment Agency Name: _____
- Other Explain: _____

EMPLOYMENT HISTORY: PLEASE LIST BELOW ALL OF YOUR FORMER EMPLOYERS BEGINNING WITH THE MOST RECENT

From Month/Yr.	To Month/Yr.	Name and location of organization	Nature of business	Position title
1.				
2.				
3.				
4.				

EMPLOYMENT HISTORY CONTINUED:

Duties Performed	Starting Salary	Final Salary	Reason for Leaving	Name and Business Phone # of Immediate Supervisor
1.				
2.				
3.				
4.				

Do you have any commitments to another employer (past or present) that might affect your employment? Y__ N__

In the past two years how many scheduled days of work have you missed? (not vacation) _____

Is this typical for you? Y__N__

Does your present employer know you are considering leaving? Y__ N__

Are there any employers who might not rehire you? Y__ N__



U.S. Got People
105 Howard St. Ste. 206
San Antonio, TX. 78212

DRUG FREE ENVIRONMENT POLICY

It is the policy of U.S. Got People to provide its staff, to the best of its ability, with a working environment that is free of the problems associated with the abuse and misuse of drugs and alcohol. U.S. Got People is committed to the philosophy of maintaining an alcohol and drug free workplace in order to promote a safe and healthy work environment and to promote the safety and well being of its clients, visitors, and staff members. To satisfy these responsibilities, U.S. Got People must establish a work environment where its employees are free from the effects of drugs, alcohol, or other job-impairing substances.

As a result, U.S. Got People will not accept any staff member reporting for work under the influence of alcohol or illegal drugs, or the use or possession by a staff member on company premises (which includes any location that the staff member, the public, or other staff members, or the sale of any such item, is strictly prohibited.

Each staff member is required to report the use of medically authorized drugs or other substances that may impair job performance to his or her immediate supervisor, and provide proper written medical authorization from a physician to work while using such authorized drugs. It is the staff member's responsibility to determine from the physician whether or not the prescribed drug would impair his or her job performance.

Where U.S. Got People has a reasonable suspicion that a staff member is under the influence of alcohol or drugs, the staff member in question will be asked to submit to discovery testing to identify any involvement with alcohol or drugs. Any accident involving property damage or physical injury may also be cause for discovery testing.

A staff member who is found to be under the influence of, or impaired by alcohol, controlled or illegal drugs, or other substances covered by this policy as stated above, is subject to disciplinary action including immediate suspension or termination. A staff member who refuses to submit to discovery testing for alcohol and drugs may be subject to immediate suspension or discharge.

U.S. Got People recognizes its commitment and its responsibility to its staff members by seeking to provide through the Texas Peer Assistance Program for Nurses (TPAPN), an opportunity for staff members to deal with drug and alcohol related problems. Other treatment programs for drug and alcohol problems may be available through the health and welfare providers selected by individual staff members. The discontinuation of any involvement with alcohol or drugs is an essential requisite for participation in any treatment program.

As a result of disciplinary action arising from a drug or alcohol problem, a staff member may be required to participate in TPAPN and meet all of the guidelines set forth in the TPAPN Participant Handbook, which will be provided to the staff member at his or her request. One guideline set forth by TPAPN is that the staff member will not be able to accept employment with registries or staffing agencies, therefore the staff member will not be able to accept assignments from U.S. Got People or any other agency.

Violation of this policy by any staff member may result in appropriate disciplinary action, up to and possibly including discharge from employment.

Print Name

Signature

Date



U.S. Got People

CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

TO BE COMPLETED BY CANDIDATE

PLEASE PRINT ALL REQUESTED INFORMATION.

Name: _____
Last First Middle

Other Names Used: _____

Current Address: _____

City/State/ZIP Code: _____

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

U.S Got People is requesting your social security number (SSN) in order to expedite this check with the Texas Department of Public Safety. Your SSN will not be disclosed to anyone outside agency except as mandated by law.

Driver's License # _____ **State of Issue:** _____

In connection with my employment at U.S. Got People, I hereby authorize the Texas Department of Public Safety to conduct a security background check on me. I understand that this security check will cover information such as criminal history, education and employment, sanctions/exclusions, and professional licensure/certifications. I understand that this background check may include information from previous employers relating to my work experience. I hereby release U.S. Got People and its employees, as well as the Texas Department of Public Safety and its employees, from all liability resulting from the furnishing of this information to U.S. Got People. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration for employment, or could result in disciplinary action up to, and including termination.

Signature: _____ **Date:** _____

With few exceptions, you are entitled (at your request) to be informed about the information U.S. Got People collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to review the information. The information that U.S. Got People collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

** DOB is being requested in order to obtain accurate retrieval of records.*

This section to be completed by U.S. Got People

Position: _____ Department: _____

Request Date: _____ Results Date: _____

Approved: Yes No HR Representative: _____



**U.S. GOT PEOPLE
CONFIDENTIALITY (NON-DISCLOSURE) AGREEMENT**

This is a Confidentiality (Non-Disclosure) Agreement between (CANDIDATE) _____, and by **U.S. Got People** with offices located on 105 Howard Street, San Antonio, TX. 78212 and its client (Clients) whose names are:

Candidate hereby agrees to treat all Client email and other information supplied by or on behalf of U.S. GOT PEOPLE as Confidential Information. Candidate will not disclose Confidential Information, including email information or email contents, to any third Party, unless required to do so by U.S. Got People.

Confidentiality – Candidate agrees to treat all Client email as Confidential Information. Also agrees to treat any information U.S. Got People shares with Candidate with regard to business plans, employee numbers, IT security, IT configuration, and similar "sensitive" business information as Confidential Information.

Non-Disclosure - Only U.S. Got People directors, officers and employees have (limited) access to Client email and information. Candidate will not disclose Confidential Information, email information or email contents to any third party,

Signature: _____

Candidate: _____

Approved By: _____

Date: _____



EMPLOYMENT REFERENCE	
Recruiter: _____	Date: _____
Candidate: _____	
Name of reference: _____	
Phone: _____	
Relationship: _____	
How long have you known this individual? _____	

Candidate signature: _____

How long have you known this individual?

Employment dates: From _____ To: _____

Do you know his/her reason for leaving?

Is this applicant eligible for rehire? Yes _____
No: _____ explain: _____

Please list five words that best describe _____?
(Candidate's Name)

1. _____	2. _____	3. _____
4. _____	5. _____	

Please rate them on the following:

Rating 1 – 10 (10 being highest, 1 being lowest)		
Dependability:	Attitude/Interpersonal Skills:	Punctuality:
Communication skills:	Quality of Work:	

Greatest strengths: _____

Any weaknesses:

Additional Comments:

You obviously know this person much better than I do, is there anything else you could share with me about _____ that would help me better represent him/her?
Thanks again for your time.

One more thing, I'm always networking to attract top talent, would it be okay with you if I sent you a couple of my business cards? If you ever want us to be your eyes and ears in the job market or if you have any referrals, I would be grateful!

Date: _____ **Agency**
Rep: _____



EMPLOYMENT REFERENCE	
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Candidate:	
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Phone:	

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Recruiter: _____	Date: _____
Candidate: _____	
Name of reference: _____	
Phone: _____	
Relationship: _____	
How long have you known this individual? _____	

Candidate signature: _____

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