

# APLUS STAFFING, LLC

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## EMPLOYMENT APPLICATION

APPLICANT INFORMATION					
Last Name		First		M.I.	Today's Date:
Street Address				Apartment/Unit #	
City		State		ZIP	
Have you recently lived in the state of Pennsylvania for at least 2 years <input type="checkbox"/> YES <input type="checkbox"/> NO					
Home phone:		Cell:		Work:	
Date Available to start:		Social Security No.		Email address:	
Hours you can work per week:		Can you work Day? <input type="checkbox"/>	Can you work nights? <input type="checkbox"/>	Can you work evening? <input type="checkbox"/>	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> PRN
Position Applied for:			Date of Birth:		Gender:
Race: <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? Position?	
Have you ever been convicted of a felony, plead guilty to a crime, or any other criminal charges pending against you (misdemeanor, or other criminal offense, including a civil forfeiture)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
List other names/alias used in the past:					
List other social security number(s) used in the past:					
EDUCATION					
High School			Address		

From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College or university			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

### REFERENCES

*Please list three (no relatives) professional references. Two must be a supervisor or manager*

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

### CERTIFICATIONS/LICENSES

License/Registration #1:	Date issued:	Expiration date:
Profession:	State issued:	
License/Registration #2:	Date issued:	Expiration date:
Profession:	State issued:	
License/Registration #3:	Date Issued:	Expiration date:
Profession:	State Issued:	

### PLEASE USE A SEPARATE SHEET FOR ADDITIONAL LICENSES

Are you CPR certified? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what is the expiration date:
Are you ACLS certified? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what is the expiration date:
List other certifications which you have:	

Has any of your license(s) or certifications ever been suspended, revoked, or under investigation by the law? YES  NO  If yes, explain:

List any special skills, experiences, qualifications, honors, awards which you feel may be relevant for the position that you are applying for:

Have you ever been excluded from participating in and/or providing services to Medicare or Medicaid patients/clients? YES  NO   
If yes, when? How long? Reinstated?

Who referred you to this Agency?

### PREVIOUS EMPLOYMENT

Company:

Phone:

Address:

Supervisor:

Job Title:

Starting  
Salary

\$

Ending  
Salary

\$

Responsibilities:

From

To

Reason for Leaving:

May we contact this employer?

YES

NO

Company:

Phone:

Address:

Supervisor:

Job Title:

Starting  
Salary

\$

Ending  
Salary

\$

Responsibilities:

From

To

Reason for Leaving:

May we contact this employer?

YES

NO

Company:

Phone:

Address:

Supervisor:

Job Title:	Starting Salary \$	Ending Salary \$
Responsibilities:		
From	To	Reason for Leaving:
May we contact this employer?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company:		Phone:
Address:		Supervisor
Job Title:	Starting Salary \$	Ending Salary \$
Responsibilities:		
From	To	Reason for Leaving:
May we contact this employer?		YES <input type="checkbox"/> NO <input type="checkbox"/>

**MILITARY SERVICE**

Name:	From	To
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

**DISCLAIMER AND SIGNATURE**

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, omission, or misleading information in my application or interview is cause for dismissal at any time without previous notice. I hereby give APLUS STAFFING, LLC (hereinafter called "Agency") the permission to contact the listed schools, present/previous employers (unless otherwise indicated), references, law enforcement agencies, and other sources of information which may be necessary for this employment. I hereby release these sources of information and the Agency from any liability that results from obtaining such information. I understand that, as part of the employment process the Agency may request from a consumer reporting agency my credit records, personal characteristics, general reputation, and mode of living. All information obtained by this Agency will be kept confidential. Upon written request from me, this Agency will furnish me with information concerning the nature and scope of any such report from the consumer reporting agency, as required by the Fair Credit Reporting Act.

I understand that my employment with this Agency is "at will," and that either party may end the employment relationship at any time, without specified notice, reason, or cause. Neither the acceptance of this application nor the entry into any sort of employment relationship, and regardless of the contents of Agency's employee handbook, manuals, policy statements, practices shall serve to create an actual or implied employment contract. I further understand; that this Agency does not guarantee employment and if employed, this Agency may change policies and procedure at any time.

I shall abide by Agency's pre-employment processes including drug screen, background checks (federal, state, local, etc.), child abuse clearance, license verifications, working eligibility in the United States, work-related physical examinations, etc. I understand that this Agency maintains a drug and alcohol-free policy at any time, continued employment is based on the passing of this drug testing at any time, and that assigned Client/Facility may perform the drug and alcohol testing at any time.

**Please note:** This Agency is an Equal Employment Opportunity Employer. This Agency does not discriminate or make employment decisions based on race, color, religion, sex, sexual orientation, national origin, citizenship, disability, or age. Your employment opportunity is based on your qualifications.

**Signature**

**Date**