



EMPLOYMENT APPLICATION

Please complete the entire application

1. EMPLOYER INFORMATION

Employer : Dynamic Healthcare Services Inc.
Address : 3395 Lawrenceville Highway Suite B
City / State / Zip : Lawrenceville, GA 30044
Telephone : 404-294-6070

It is the policy of Dynamic Healthcare Services Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. APPLICANT INFORMATION:

Applicant Full Name :
Home Address :
City / State / Zip :
Number of years at this address:
Daytime phone : Evening phone:
Mobile phone :
Social security number :
Driver's License: (State/Number) :

3. EMERGENCY CONTACT :

Who should be contacted if you are involved in an emergency ?

Contact Name :
Relationship to you :
Address :
City / State / Zip :
Daytime phone : Evening phone:

4. JOB POSITION APPLIED FOR: CNA PCA

5. SALARY DESIRED: \$ per



6. WHO REFERRED YOU TO OUR COMPANY? _____

DO YOU HAVE ANY FRIENDS OR RELATIVES WHO WORK HERE? IF YES, PLEASE LIST

7. ARE YOU AT LEAST 18 YEARS OLD? YES NO

8. HOW WILL YOU GET TO WORK? _____

9. ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS?

YES NO

IF NO, PLEASE STATE ANY LIMITATIONS:

10. IF YOU ARE OFFERED EMPLOYMENT, WHEN WOULD YOU BE AVAILABLE TO BEGIN WORK? _____

11. IF HIRED, ARE YOU ABLE TO SUBMIT PROOF THAT YOU ARE LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

12. ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB POSITION YOU SEEK WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

WHAT REASONABLE ACCOMMODATION; IF ANY, WOULD YOU REQUEST?

13. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?

Yes, I was convicted of _____ on
_____ (date) in _____ (city), _____ (state)

No

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

14. APPLICANT'S SKILLS

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

SKILL	YEARS OF EXPERIENCE	ABILITY OR RATING				
		1	2	3	4	5
• Customer service	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Certified Nursing Assistant / Personal Care Assistant Licence	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• CPR/FIRST AID	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• TB TEST RESULTS	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Current National Background Check	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do You Own A Car & Current Drivers License	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. APPLICANT EMPLOYMENT HISTORY

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name :

Supervisor Name :

Address :

City /State/ZIP :

Job Duties :

Reason for Leaving :

Dates of Employment (Month/Year) :

Employer Name :

Supervisor Name :

Address :

City /State/ZIP :

Job Duties :

Reason for Leaving :

Dates of Employment (Month/Year) :

Employer Name :

Supervisor Name :

Address :

City /State/ZIP :

Job Duties :

Reason for Leaving :

Dates of Employment (Month/Year) :

16. APPLICANT'S EDUCATION AND TRAINING

College/University Name and Address :

Did you receive a degree? Yes No If yes, degree(s) received :

High School/GED Name and Address:

Did you receive a degree? Yes No

Other Training (graduate technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

17. REFERENCES

List any two non-relatives who would be willing to provide a reference for you

Name :

Address :

City/State/ZIP :

Telephone :

Relationship :

Name :

Address :

City/State/ZIP :

Telephone :

Relationship :

18. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:



CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Dynamic HealthCare Services Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Dynamic HealthCare Services Inc, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE: DATE :