

The HealthOne Application Process & Requirements

To apply for a position at HealthOne we require:

- (1) Application & References - *minimum of two professional references required*
- (2) Skills Checklist(s) & Specialty Aptitude Exam(s) – *emailed to you after we received your completed application & reference forms*

The application packet includes our employment application and three employment reference forms. Print and complete the application and at least two reference forms. The references must be professionals that held supervisory positions while you worked together at the same facility.

When you've completed the forms please return them via fax or mail.

Return by Mail: **HealthOne Staffing, LLC**
 6960 Destiny Drive, Suite 111
 Rocklin, CA 91677

Return by Fax: **(888) 585-0333**

If you have any questions please contact Human Resources or a HealthOne Recruiter.

Recruiter: **(888) GO-HLTH-1** (888-464-5841)
Human Resources: **(888) 585-0455**

Personal Information

Last Name _____ First Name _____ Preferred First Name _____
 Social Security Number _____ Today's Date _____
 Telephone No. (Primary) _____ Telephone No. (Alternative) _____ Email Address _____
 Address (number, street, apartment number) _____
 City _____ State _____ Zip _____
 Best time of the day to reach you (morning/afternoon/night): _____
 How did you learn about HealthOne? Web Magazine Job Board Job Fair Referral Other: _____
 Emergency Contact _____ Relationship _____ Phone _____
 Emergency Contact Address (number, street, apartment number, state, zip) _____

Job Interest

Profession: _____ Current Specialties: _____
 List all of the assignment(s) you're interested in - travel, per diem, local contract, perm: _____
 Location(s) you're interested in working: _____ Date Available to Start: _____

Licensure

License Type: _____ Number: _____ State: _____ Expiration Date: _____
 License Type: _____ Number: _____ State: _____ Expiration Date: _____

Certification

ACLS Exp. Date: _____ CCRN Exp. Date: _____ RNC Exp. Date: _____
 BLS Exp. Date: _____ CEN Exp. Date: _____ FHM Exp. Date: _____
 PALS Exp. Date: _____ CNOR Exp. Date: _____ ENPC Exp. Date: _____
 CNRN Exp. Date: _____ Other: _____ Exp. Date: _____

1. Has your license or any certification ever been suspended? Yes No
 2. Have you ever been convicted of a crime other than a minor traffic violation? Yes No
 3. Can you perform the functions of the job for which you are applying without accommodation? Yes No
If you answered Yes to any of the above questions please attach a sheet with a full explanation.
 4. Are you a U.S. citizen or can you provide verification of your legal right to work in the U.S.? Yes No
 If you are going to be employed on a Visa please specify the type of work Visa: _____

Education

Name and Location	Date Completed or Graduated	Diploma or Degree Earned

EMPLOYMENT APPLICATION

Applicant's Name: _____

Employment History

1. Name of Current or Most Recent Facility/Employer: _____

Employer's Address _____ City _____ State _____ Zip _____ Country _____

Date Employed: From _____ To _____ Position Held: _____ Specialties: _____

Job Duties: _____

Travel Assignment: Yes No Travel Co: _____ May we contact this employer? Yes No

Reason for Leaving: _____ Supervisor's Name/Title: _____

Average Hours Worked Per Week: _____ Supervisor's Telephone No: _____

2. Name of Facility/Employer: _____

Employer's Address _____ City _____ State _____ Zip _____ Country _____

Date Employed: From _____ To _____ Position Held: _____ Specialties: _____

Job Duties: _____

Travel Assignment: Yes No Travel Co: _____ May we contact this employer? Yes No

Reason for Leaving: _____ Supervisor's Name/Title: _____

Average Hours Worked Per Week: _____ Supervisor's Telephone No: _____

3. Name of Facility/Employer: _____

Employer's Address _____ City _____ State _____ Zip _____ Country _____

Date Employed: From _____ To _____ Position Held: _____ Specialties: _____

Job Duties: _____

Travel Assignment: Yes No Travel Co: _____ May we contact this employer? Yes No

Reason for Leaving: _____ Supervisor's Name/Title: _____

Average Hours Worked Per Week: _____ Supervisor's Telephone No: _____

4. Name of Facility/Employer: _____

Employer's Address _____ City _____ State _____ Zip _____ Country _____

Date Employed: From _____ To _____ Position Held: _____ Specialties: _____

Job Duties: _____

Travel Assignment: Yes No Travel Co: _____ May we contact this employer? Yes No

Reason for Leaving: _____ Supervisor's Name/Title: _____

Average Hours Worked Per Week: _____ Supervisor's Telephone No: _____

I attest that I am the applicant and the information provided in this application is complete and accurate, to the best of my knowledge. Providing incomplete or inaccurate information may result in disqualification from the program, and may be a violation of state law(s) that could result in civil penalties. HealthOne is authorized to obtain information from my current and previous employers, and to release information in support of my application (application, references, background search results, etc.) to HealthOne's clients. The Company may also send applicant's employment opportunity-related information to fax numbers or email addresses that I provide. I understand that HealthOne, certain states and/or Client institutions may require criminal background checks, and I consent to such checks.

Applicant Signature: _____

Date: _____

EMPLOYMENT APPLICATION

Applicant's Name: _____

5. Name of Facility/Employer: _____

Employer's Address _____ City _____ State _____ Zip _____ Country _____

Date Employed: From _____ To _____ Position Held: _____ Specialties: _____

Job Duties: _____

Travel Assignment: Yes No Travel Co: _____ May we contact this employer? Yes No

Reason for Leaving: _____ Supervisor's Name/Title: _____

Average Hours Worked Per Week: _____ Supervisor's Telephone No: _____

6. Name of Facility/Employer: _____

Employer's Address _____ City _____ State _____ Zip _____ Country _____

Date Employed: From _____ To _____ Position Held: _____ Specialties: _____

Job Duties: _____

Travel Assignment: Yes No Travel Co: _____ May we contact this employer? Yes No

Reason for Leaving: _____ Supervisor's Name/Title: _____

Average Hours Worked Per Week: _____ Supervisor's Telephone No: _____

7. Name of Facility/Employer: _____

Employer's Address _____ City _____ State _____ Zip _____ Country _____

Date Employed: From _____ To _____ Position Held: _____ Specialties: _____

Job Duties: _____

Travel Assignment: Yes No Travel Co: _____ May we contact this employer? Yes No

Reason for Leaving: _____ Supervisor's Name/Title: _____

Average Hours Worked Per Week: _____ Supervisor's Telephone No: _____

8. Name of Facility/Employer: _____

Employer's Address _____ City _____ State _____ Zip _____ Country _____

Date Employed: From _____ To _____ Position Held: _____ Specialties: _____

Job Duties: _____

Travel Assignment: Yes No Travel Co: _____ May we contact this employer? Yes No

Reason for Leaving: _____ Supervisor's Name/Title: _____

Average Hours Worked Per Week: _____ Supervisor's Telephone No: _____

EMPLOYMENT APPLICATION

Applicant's Name: _____

9. Name Facility/Employer: _____

Employer's Address _____ City _____ State _____ Zip _____ Country _____

Date Employed: From _____ To _____ Position Held: _____ Specialties: _____

Job Duties: _____

Travel Assignment: Yes No Travel Co: _____ May we contact this employer? Yes No

Reason for Leaving: _____ Supervisor's Name/Title: _____

Average Hours Worked Per Week: _____ Supervisor's Telephone No: _____

10. Name of Facility/Employer: _____

Employer's Address _____ City _____ State _____ Zip _____ Country _____

Date Employed: From _____ To _____ Position Held: _____ Specialties: _____

Job Duties: _____

Travel Assignment: Yes No Travel Co: _____ May we contact this employer? Yes No

Reason for Leaving: _____ Supervisor's Name/Title: _____

Average Hours Worked Per Week: _____ Supervisor's Telephone No: _____

11. Name of Facility/Employer: _____

Employer's Address _____ City _____ State _____ Zip _____ Country _____

Date Employed: From _____ To _____ Position Held: _____ Specialties: _____

Job Duties: _____

Travel Assignment: Yes No Travel Co: _____ May we contact this employer? Yes No

Reason for Leaving: _____ Supervisor's Name/Title: _____

Average Hours Worked Per Week: _____ Supervisor's Telephone No: _____

12. Name of Facility/Employer: _____

Employer's Address _____ City _____ State _____ Zip _____ Country _____

Date Employed: From _____ To _____ Position Held: _____ Specialties: _____

Job Duties: _____

Travel Assignment: Yes No Travel Co: _____ May we contact this employer? Yes No

Reason for Leaving: _____ Supervisor's Name/Title: _____

Average Hours Worked Per Week: _____ Supervisor's Telephone No: _____

Request and Authorization For Employment Reference



Dear Employer,

The below listed Applicant has given HealthOne Staffing permission to request employment reference information from you. Please complete the short questionnaire at your earliest convenience and fax it back to HealthOne at **888-585-0333**. HealthOne will hold this reference in strict confidence unless you authorize its release at the bottom of this form.

Name of Immediate Supervisor Title

Complete Name of Employer Phone No. Fax No.

Address City / State / Zip

Name of Applicant: _____ Last 4 digits of SSN: _____

Position: _____ Unit / Dept: _____

Dates Employed: _____ to _____ Worked in charge role? Yes No

To Be Completed by Employer. Please (√) the performance rating that best applies.

Performance Measures	NK	Well Below Expectations	Below Expectations	Meets Expectations	Exceeds Expectations	Superior Performance
Clinical Knowledge						
Clinical Judgment						
Respect & Compassion						
Teamwork & Cooperation						
Communication Skills						
Quality of Work & Documentation						
Use of Time & Resources						
Initiative / Motivation						
Emergency Management						
Response to Direction & Feedback						
Policy & Procedure Compliance						
Punctuality & Dependability						
Professional Appearance						
Professional Behavior						

NK = Not Known

Is the position title listed correctly? Yes No Are the dates of employment given correct? Yes No

Was this a travel assignment? Yes No Would you consider this applicant for rehire? Yes No

Comments: _____

I authorize release of this reference information to the Applicant: Yes No

Signature of Supervisor **Title** **Date of Reference**

I, the undersigned, do hereby release this employer from any and all liability that may be related to the information I have requested that is provided above; and do further consent to the release by this employer of such information regarding my employment as may be necessary to accurately complete the above form.

Applicant Signature: _____ **Date:** _____

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Name of Immediate Supervisor Title

Complete Name of Employer Phone No. Fax No.

Address City / State / Zip

Name of Applicant: _____ Last 4 digits of SSN: _____

Position: _____ Unit / Dept: _____

Dates Employed: _____ to _____ Worked in charge role? Yes No

To Be Completed by Employer. Please (√) the performance rating that best applies.

Performance Measures	NK	Well Below Expectations	Below Expectations	Meets Expectations	Exceeds Expectations	Superior Performance
Clinical Knowledge						
Clinical Judgment						
Respect & Compassion						
Teamwork & Cooperation						
Communication Skills						
Quality of Work & Documentation						
Use of Time & Resources						
Initiative / Motivation						
Emergency Management						
Response to Direction & Feedback						
Policy & Procedure Compliance						
Punctuality & Dependability						
Professional Appearance						
Professional Behavior						

NK = Not Known

Is the position title listed correctly? Yes No Are the dates of employment given correct? Yes No

Was this a travel assignment? Yes No Would you consider this applicant for rehire? Yes No

Comments: _____

I authorize release of this reference information to the Applicant: Yes No

Signature of Supervisor **Title** **Date of Reference**

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Applicant Signature: _____ **Date:** _____

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Complete Name of Employer Phone No. Fax No.

Address City / State / Zip

Name of Applicant: _____ Last 4 digits of SSN: _____

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Dates Employed: _____ to _____ Worked in charge role? Yes No

To Be Completed by Employer. Please (√) the performance rating that best applies.

Performance Measures	NK	Well Below Expectations	Below Expectations	Meets Expectations	Exceeds Expectations	Superior Performance
Clinical Knowledge						
Clinical Judgment						
Respect & Compassion						
Teamwork & Cooperation						
Communication Skills						
Quality of Work & Documentation						
Use of Time & Resources						
Initiative / Motivation						
Emergency Management						
Response to Direction & Feedback						
Policy & Procedure Compliance						
Punctuality & Dependability						
Professional Appearance						
Professional Behavior						

NK = Not Known

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Was this a travel assignment? Yes No Would you consider this applicant for rehire? Yes No

Comments: _____

I authorize release of this reference information to the Applicant: Yes No

Signature of Supervisor **Title** **Date of Reference**

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Applicant Signature: _____ **Date:** _____