

The NBN Group

New Behavioral Network

Companions for Care

NBN Infusions

Newborn Nurses

NBN Respiratory

APPLICATION FOR EMPLOYMENT

The NBN Group considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual preference, marital or veteran status or any other legally protected status.

PLEASE PRINT

Position Applied For:		Date:	
How Did You Hear About Us? <input type="checkbox"/> Advertisement Where? _____			
<input type="checkbox"/> Inquiry <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agcy <input type="checkbox"/> Other: _____			
Name: (Last, First, MI)			
Address:			
City:	State:	Zip Code:	County:
Telephone No:		Social Security No:	
Email Address:		Cell No:	
Emergency Contact: (Name)		Telephone No:	

Best time to contact you is: _____:_____ AM/PM

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Have you ever filed an application with The NBN Group? Yes No
If yes, please give date: _____

Have you ever been employed by The NBN Group? Yes No
If yes, please give date: _____
Name (if different): _____

Do any friends or relatives work for The NBN Group? Yes No
If yes, Name: _____ Relationship: _____

Are you currently employed? Yes No
If yes, may we contact your current employer? Yes No

Are you currently on layoff status & subject to recall? Yes No

Can you travel if the job requires it? Yes No

Are you prevented from becoming lawfully employed in this country due to VISA or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment

Date available for work: ____/____/____ Salary desired: _____

Availability: Full Time Part Time Shift: 1 2 3
 Temporary Hours Available: _____

Work Experience:

Start with your present or last job. Include any job related military service assignments and volunteer activities.
You may exclude organizations which indicate any legally protected status.

Employer:	Dates employed: ____/____/____ to ____/____/____
Address:	Rate/Salary Start _____ Final _____
Job Title:	Supervisor:
Reason for Leaving:	May we contact? Yes _____ No _____
Work Performed:	
<hr/>	
Employer:	Dates employed: ____/____/____ to ____/____/____
Address:	Rate/Salary Start _____ Final _____
Job Title:	Supervisor:
Reason for Leaving:	May we contact? Yes _____ No _____
Work Performed:	
<hr/>	
Employer:	Dates employed: ____/____/____ to ____/____/____
Address:	Rate/Salary Start _____ Final _____
Job Title:	Supervisor:
Reason for Leaving:	May we contact? Yes _____ No _____
Work Performed:	

Education:

School	Name/Address	Course of Study	Years Completed	Diploma/ Degree Graduated/ Year
High School				
College				
Graduate/ Professional				
Other				

Office Skills: Please check all that apply

PC Mac If yes, WPM: _____ Shorthand

Spreadsheet Database Other: _____

List Software: _____

Have you ever been convicted of a crime including sex or abuse related? Yes No
If necessary, attach additional sheets and indicate "See Attached Sheets"

Offense	Date	City/State	Disposition

Have you ever been a defendant in a lawsuit? Yes No
If so, please explain. _____

Other Languages Spoken: _____

Garnishment of Wages: The NBN Group complies with all valid orders of garnishment submitted by a court of competent jurisdiction.

Applicant's Statement:

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving in an employment decision.

This application for employment shall be active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at the time.

In the event of employment, I understand that false or misleading information given in my application and interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of my employer.

Applicant Signature: _____ **Date:** ____/____/____

**OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE**

Face to face interview by: _____	Date: _____
Printed Name: _____	
Comments:	
Hired: ___ Yes ___ No	Position:
Date Reporting to Work:	
Applicant File Reviewed & Hiring Decision Agreed With:	
Date:	HR Manager/Director Signature:

**FOR DOCUMENTATION OF SECONDARY INTERVIEW (OPTIONAL)
OFFICE STAFF APPLICANTS**

Secondary interview by: _____	Date: _____
Printed Name: _____	
Comments:	

Skills For Database Entry:

Evaluated By: _____

Hospital Exp _____ Home Care Exp _____ BiPAP/CPAP _____ Peripheral IV _____ PICC/Central Ln _____ Peds _____ Adult _____	Ventilator _____ Adult Trach _____ Peds Trach _____ Pulse Ox _____ NC / O2 _____ Cough Assist _____ Apnea Monitor _____ Other: _____	GT _____ JT _____ NGT _____ Neb _____ ABI Vest _____ Home Chart _____ Dialysis _____ Other: _____
---	---	--