

PLATINUM SELECT HEALTHCARE STAFFING, INC.

Corporate Employment Application



We consider applicants for all positions on the basis of qualifications and without regard to Race, Color, Religion, Gender, National Origin, Age, Disability, Veteran Status, or any other status protected by law.

Position(s) Applied For:	Date of Application
How did you hear about Platinum Select? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Current Employee (Name) _____ <input type="checkbox"/> Other _____	

APPLICANT INFORMATION

Last Name	First Name	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Home Phone	Mobile Phone	
Email	Date you are available to work:	
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Regular Part-Time Hours Available: _____ <input type="checkbox"/> Temporary Hours Available: _____		

If you are under 18 years of age, can you provide required proof of eligibility to work?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you submitted an application with this company before? If yes, please give dates (MM/DD/YYYY-MM/DD/YYYY) Date: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been employed with this company before? If yes, please give date (MM/DD/YYYY) Date: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you currently employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
May we contact your employer for references?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you legally qualified to work in the United States? (Proof of citizenship or immigration status required upon employment)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever entered a plea of guilty, no contest, nolo contendere, or any plea other than not guilty to any activities or conduct on your part (other than minor traffic violations)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please list below all activities or conduct on your part (other than minor traffic violations) to which you entered a plea of guilty, no contest, or any plea other than not guilty. Also include any activity or conduct that resulted in your being found guilty, placed on probation, or given deferred adjudication. Give the date you were placed on probation, location, name of the Court, and the nature of each activity or conduct. NOTE: the activities or conduct listed below will not constitute an automatic bar to employment, but may do so depending on the nature of the activity or conduct.	
Have you ever had any job related training in the US military? If yes, please give dates (MM/DD/YYYY-MM/DD/YYYY) Date: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you able to perform the essential requirements of the job?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If no to the question above, are there reasonable accommodations that can be made to allow you to perform the essential function of the job?	

EDUCATION

	Technical School	College	Other
School Name and Location			
Years Completed (Circle One)	1 2	1 2 3 4	1 2 3 4
Diploma Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major Course(s) of Study			
Summarize special skills and training not listed above:			
Describe honors received:			
List professional, trade, business, or civil activities and office held. Please exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status:			

REFERENCES

Please list three professional references not related to you.

Full Name	Title
Company	Phone ()
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()

EMPLOYMENT EXPERIENCE

Employer	Dates Employed
Address	From: To:
Phone ()	
Job Title	Base Pay Start:
Supervisor	Base Pay Final:
Reason for Leaving:	

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Employer	Dates Employed
Address	From: To:
Phone ()	
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SPECIAL SKILLS AND QUALIFICATIONS

Please summarize special job related skills and qualifications acquired from previous employment

ADDITIONAL INFORMATION

Please state any additional information you feel may be helpful to us in considering your application:

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. In consideration for employment with PLATINUM SELECT, if employed, I agree to conform to the "employee Assignment Agreement," rules, regulations, policies, and procedures of PLATINUM SELECT at all times and understand that such obedience is a condition of employment. I understand that due to the nature of PLATINUM SELECT business, attendance, and punctuality are considered essential requirements of every job at PLATINUM SELECT and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with PLATINUM SELECT, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to PLATINUM SELECT and/or any of its representatives, agents, or vendors; and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

I authorize the release of my information to medical facilities for the purpose of employment.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREED TO THE ABOVE STATEMENTS.

PLATINUM SELECT IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, OR ANY OTHER STATUS PROTECTED BY LAW.

Signature

Date

Name and Telephone Number of person completing this form if other than applicant:

VOLUNTARY EEO IDENTIFICATION

To All Applicants and Employees: To enable us to meet government reporting regulations and maintain an Affirmative Action Plan, Platinum Select Staffing requests that you complete this personal data form. **Information will be used solely for government reporting purposes and will be detached and kept separate from your application.** Any information that you choose to provide will not be considered by the Company for employment purposes and will be treated as personal and confidential. Submission of information is voluntary, and failure to provide it will not subject you to any adverse treatment.

Your cooperation is appreciated!

Last Name: _____ First Name: _____ M.I. _____

GENDER/ETHNIC GROUP

Check One: Male Female I prefer not to answer this question.

Check One: Hispanic or Latino Not Hispanic or Latino I prefer not to answer this question.

***Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. This does not include persons of Portuguese decent or persons from Central or South America who are not of Spanish origin or culture.

RACE

I prefer not to answer this question.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

VETERAN STATUS

Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veteran's Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

Disabled Person

Vietnam Era Veteran

Special Disabled Veteran
(30% or more disability)