



**TRUE CARE PROFESSIONALS LLC.**

PO Box 37, Derry NH, 03038 - Tel (617) 276-9658 / (603) 537-9975 / (800) 398-7708 Fax (877) 249-9194

Email: [truecare@truecareprofessionals.com](mailto:truecare@truecareprofessionals.com)

www.truecareprofessionals.com

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB \_\_\_\_\_

Street /Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Shift: 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ Date available: \_\_\_\_\_

If you are hired, can you provide proof that you are eligible to work in the United States? Yes\_\_ No\_\_ SS #: \_\_\_\_\_

Have you been convicted of assault, abuse or mistreatment of individuals or misappropriation of property by a court of competent jurisdiction on a State agency? Yes\_\_ No\_\_

If Yes describe in full: \_\_\_\_\_

Have you ever been subject to disciplinary action by a health care licensing agency in this or any other State or foreign jurisdiction?

Yes\_\_ No\_\_ if yes describe in full: \_\_\_\_\_

**EDUCATION**

<b>Name / Address Of School</b>	<b>Last Grade Complete</b>	<b>Graduated Degree / Study</b>
Grammar: _____	5__ 6__ 7__ 10__	_____
High School: _____	1__ 2__ 3__ 4__	_____
College: _____	1__ 2__ 3__ 4__	_____

Please list any licenses, certificates or membership in trade or professional organizations here (exclude those whose names or character indicate race, creed, color or national origin).

<b>LICENSE</b>	<b>STATE</b>	<b>DATE ISSUED</b>	<b>EXPIRATION DATE</b>
RN: _____ / _____	_____ / _____	_____ / _____	_____ / _____
LPN: _____ / _____	_____ / _____	_____ / _____	_____ / _____
LNA (CNA): _____ / _____	_____ / _____	_____ / _____	_____ / _____
Other: _____ / _____	_____ / _____	_____ / _____	_____ / _____

**MILITARY**

Branch Of Service: \_\_\_\_\_ Date Of Duty: \_\_\_\_\_ Date Discharge: \_\_\_\_\_

Status: \_\_\_\_\_

**PERSONAL REFERENCES Including co-worker (Do not include relatives )**

<b>Name and Occupation</b>	<b>Address</b>	<b>Telephone #</b>
1. _____	_____	( ) _____
2. _____	_____	( ) _____
3. _____	_____	( ) _____



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**EMPLOYMENT**

**List employers starting with the present or most recent.**

1. Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ Job title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Start Salary: \_\_\_\_\_ End Date: \_\_\_\_\_ End Salary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

2. Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ Job title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Start Salary: \_\_\_\_\_ End Date: \_\_\_\_\_ End Salary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

3. Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ Job title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Start Salary: \_\_\_\_\_ End Date: \_\_\_\_\_ End Salary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**May we contact the employers listed above: Yes\_\_ No\_\_ If not, indicate by number which ones(s) you do not wish us to contact: \_\_**

\_\_\_\_\_

We are an equal opportunity employer and as such do not discriminate against any employee or applicant because of his/her race, color, religion, creed, sex, age, national origin, sexual orientation, ancestry, disability or marital status. We offer employment opportunities without regard to the group specifically mentioned and without regard to the "membership in any other classification protected by applicant State and / or Federal laws".

The information in my application is accurate. I understand that any false answers, statements or implications and omissions made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I also fully aware that this employment application does not constitute a contract of employment and that if I am hired, my employment shall be terminated at will by either party.

I authorize **TRUE CARE PROFESSIONALS INC.** to check and verify all information, including my references, on the application for employment. I fully release **TRUE CARE PROFESSIONALS INC.** from any liability resulting from verification process. I understand that my employment is dependent upon satisfactory completion of health examination, receipt of satisfactory references, satisfactory criminal background check, verification of license / certification and satisfactory completion of a trial period.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date



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**FOR OFFICE USE ONLY**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Interviewed by : \_\_\_\_\_ Date: \_\_\_\_\_

Comments and observations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCE CHECK**

1. Reference check date: \_\_\_\_\_ Not on list: \_\_\_ Eligible for rehire: Yes \_\_\_ No \_\_\_ Reference given by: \_\_\_\_\_

Note: \_\_\_\_\_

2. Reference check date: \_\_\_\_\_ Not on list: \_\_\_ Eligible for rehire: Yes \_\_\_ No \_\_\_ Reference given by: \_\_\_\_\_

Note: \_\_\_\_\_

3. Reference check date: \_\_\_\_\_ Not on list: \_\_\_ Eligible for rehire: Yes \_\_\_ No \_\_\_ Reference given by: \_\_\_\_\_

Note: \_\_\_\_\_

License Verification – Nursing Board (If applicable) Date: \_\_\_\_\_

Note : \_\_\_\_\_

Position Hired for : RN \_\_\_ LPN \_\_\_ CNA / LNA \_\_\_ HM \_\_\_ PCSP\_\_ Companion\_\_\_ Other \_\_\_

Date : \_\_\_\_\_ Starting wage : \_\_\_\_\_