

PearlCare is an equal opportunity employer

Education and Training

High School Name City State Zip Country Did you receive H.S Diploma?

College/Vocational School City State Zip Country Highest Grade Completed

Major in College Type of Degree (i.e. B.S./B.A./etc...)

Graduate School City State Zip Country Did you receive Diploma?

Major in Graduate School Type of Degree (i.e. Masters/P.H.D/etc...)

License/Certification

License Type License/Certification Number State Expiration Date

License Type License/Certification Number State Expiration Date

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Has your professional License/Certification ever been suspended, revoked or gone under investigation?

- Yes No

If yes, please explain why _____

Additional Information

Are you legally authorized to work in the United States?

- Yes No

If no, are you interested in being sponsored to work in the United States?

- Yes (If yes, you must commit to at least 3 years) No

Enter the approximate date you are available to immigrate to the United States _____

(Should you become an employee of PearlCare Medical Staffing, you will be required to provide the documentation proving your eligibility to work in the United States).

Have you ever been convicted of a felony or misdemeanor crime?

- Yes No

If yes, please explain each violation _____

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How did you hear about PearlCare Medical Staffing?

- Mail
- Advertisement
- Other _____
- Website
- PearlCare Medical Staffing Employee Name _____

Please explain any other work-related information you think would be helpful to us in considering you for employment, such as specialized training, certifications, honors, etc... _____

Work Experience (Skip if resume is attached, otherwise list last two most recent places of employment and information)

Facility/Employer Name				Dates Employed (From-To)
Facility/Employer Address				Title
City	State	Zip	Country	Department
Number of Beds in Facility				Name/Title of Supervisor
Describe Duties and Specialty Areas				Supervisory Experience (yes/no)
Telephone Number				Was this a travel assignment?
Pay rate/Salary (\$/hour or \$/year)				Reason for leaving

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Applicant Acknowledgement

I certify that the information in this application is accurate, current and complete. I understand that mis-statements or omissions may result in disqualification from further consideration or termination of employment.

I authorize PearlCare Medical Staffing to investigate my employment history, credentials and to obtain any relevant information (including a criminal background check) needed to make an employment decision. I authorize PearlCare Medical Staffing to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize PearlCare Medical Staffing to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release PearlCare Medical Staffing and any individual or entity providing information to PearlCare Medical Staffing from all liability for any damages from the disclosure of this information.

PearlCare Medical Staffing, LLC, is contracted by many organizations to provide temporary, contract and per diem personnel to said organizations. It is our policy of PearlCare Medical Staffing, LLC, not to allow its employees to pursue employment directly with a PearlCare client for a period of Three-Hundred sixty (360) days from the last date of work by the PearlCare employee with said client through PearlCare Medical Staffing. Therefore, by signing this agreement, the PearlCare employee may not pursue employment directly with a PearlCare client they have worked for through PearlCare for a minimum of Three-Hundred sixty (360) days from the last date they were scheduled through PearlCare with said client. If the PearlCare employee does work directly for a PearlCare client that they have worked for through PearlCare, or any of its agents or contractors, prior to the end of the Three Hundred sixty (360) day period referenced above, the said employee will be responsible for payment of a placement fee to PearlCare in the amount of twenty-five percent (25%) of the individuals annualized full time salary. The facility will abide to the contract signed by facility in regards to any employee buyout situation.

I also understand and agree that:

- Passing a medical examination and/or participating in a post-conditional offer medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired, employment may be terminated.
- Subject to applicable state laws, the Company reserves the right to conduct drug screening and testing for reasonable suspicion at any time during employment and as a pre-employment requirement. Any violation of this policy shall result in an applicant not being hired or an adverse employment action up to and including immediate termination. PearlCare Medical Staffing has the right to change this policy at any time as it requires with proper notification to employees/applicants.

I understand and agree that nothing contained in this employment application or in granting of an interview creates an employment contract between PearlCare Medical Staffing and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable 'at will', that I will have the right to terminate my employment at any time, and that PearlCare Medical Staffing will retain a similar right to terminate my employment at any time.

I hereby acknowledge that I have received a copy of the Employee Handbook of PearlCare Medical Staffing, LLC. I will familiarize myself with the information in this handbook. I agree to observe all of the policies in the handbook. I understand that PearlCare Medical Staffing may revise its policies or practices at any time. It is part of my job to inquire about a new and updated volume to keep up with the latest industry policies and standards.

I have received and agree to wear the PearlCare Medical Staffing Identification Badge whenever I am on staff at any of the Facility's I work at.

I understand that should I become employed by PearlCare Medical Staffing, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of PearlCare Medical Staffing.

X _____
Signature

Date