



1924 S. Utica Ave., Ste. 600, Tulsa, OK 74104 Fax (918)749-9360
www.personnelpool.com

EMPLOYMENT APPLICATION

It is the policy of Continuous Care Personnel Pool to comply with all applicable state and federal laws prohibiting discrimination in employment based on age, race, religion, color, sex, national origin, disability or other protected classification.

PLEASE PRINT

NAME Last		First	MI	Social Security Number	
Street Address		Apt.	City	State	Zip Code
Home Phone	Work Phone	Cellular Phone	Pager	Message Phone	
How did you hear about CCPP? CCPP Employee <i>please give name</i> Newspaper Other <i>please explain</i>				E-mail Address	
Are you authorized to work in the U.S. on an unrestricted basis? Yes No			Will you be able to provide proof of employment eligibility if hired? Yes No		
Have you ever been convicted of a felony? (A "yes" answer will not automatically disqualify you. The nature of the crime and the date of conviction will be considered). Yes No If yes, give date(s) and nature of conviction(s)					
Have you ever been employed by another name before? If so, please give name and dates.					
Name used:			Dates:		
LICENSURE:		Expir date _____		Has licensure been continuous since receipt? Yes No	
RN LPN		Expir date _____		If not, please explain:	
CNA: LTC		Expir date _____			
HH		Expir date _____			
Medication Aide		Expir date _____		Is licensure restricted or has it ever been restricted?	
RRT CRTT		Expir date _____		Yes No	
Other		Expir date _____			
CPR Expir date		ACLS Expir date		Other Expir date	
EDUCATION	SCHOOL	CITY, STATE	MAJOR	CREDIT HRS.	DEGREE/CERT
High School					
College					
College					
Technical					
Other					
Interviewed By:					
Date:					

EMPLOYMENT					
Beginning with your present/most recent job, list your job history, accounting for any periods in which you were not employed. Please complete all information requested, even if you attach a resume.					
May we contact your present and past employers for references? Yes No present Yes No past					
Employer/Company				Job Duties	
Address		City	State	Zip Code	
Phone Number () - Ext.		Supervisor(s)			
Your job title		Department(s)			
Status FT PT PRN	Shift/hrs worked	Starting Salary (Base rate)	Latest Salary(Base rate)		
Starting Date	Date Left	Reason for leaving			
Please complete the back of this form.					

Employer/Company				Job Duties
Address		City	State	Zip Code
Phone Number () - Ext.		Supervisor(s)		
Your job title		Department(s)		
Status FT PT PRN	Shift/hrs worked	Starting Salary (Base rate)	Latest Salary (Base rate)	
Starting Date	Date Left	Reason for leaving		
Employer/Company				Job Duties
Address		City	State	Zip Code
Phone Number () - Ext.		Supervisor(s)		
Your job title		Department(s)		
Status FT PT PRN	Shift/hrs worked	Starting Salary (Base rate)	Latest Salary (Base rate)	
Starting Date	Date Left	Reason for leaving		
Employer/Company				Job Duties
Address		City	State	Zip Code
Phone Number () - Ext.		Supervisor(s)		
Your job title		Department(s)		
Status FT PT PRN	Shift/hrs worked	Starting Salary (Base rate)	Latest Salary (Base rate)	
Starting Date	Date Left	Reason for leaving		

PLEASE READ CAREFULLY BEFORE SIGNING BELOW:

I declare that the information provided on this application (and resume or any other accompanying documents) is true and complete. I understand that falsified information or significant omissions may disqualify me from consideration for employment and will be justification for dismissal if discovered at a later time. I realize that this is an application for employment and not an employment contract. I further realize that no Continuous Care Personnel Pool (CCPP) employee or member of management has authority to provide oral or written assurance of continued employment. I acknowledge that employment at CCPP is on an "at will" basis and can be terminated, with or without cause, at any time by either CCPP or myself. I am aware that employment at CCPP is contingent on the results of reference and criminal background checks, and drug testing. I also hereby authorize CCPP to investigate the truthfulness of all statements made on this application, and to contact my employers, schools and other organizations or persons who can verify my information. In addition, I give my consent for all contacted parties to provide such information and release each such person or institution from liability for providing information to CCPP. I am also aware that my employment with CCPP is further contingent on successful completion of a physical examination and drug-alcohol screening.

Signature _____ **Date** _____

This application will be considered ACTIVE for 60 days. If you have not been employed within this period and are still interested in employment, you must reapply. CCPP does not discriminate based on age, race, religion, color, sex national origin, disability or other protected classification.