

# Avenue HomeCare, Inc. Pre-Employment Application



Please fill out completely and print clearly in black ink.

**PERSONAL DATA: CIRCLE ONE:** (Home Care) RN LPN CNA HHA **DESIRED**

**WAGE:** \_\_\_\_\_

(Allied Health) RT PT PTA OT COTA SLP

(Scientific) Chemist Lab Tech Microbiologist

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Present  
Address \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ Phone (Mobile) \_\_\_\_\_ E-mail  
address \_\_\_\_\_

Have you resided in the state of North Carolina for the past five (5) years or more? \_\_\_\_\_ YES \_\_\_\_\_ NO

Permanent Address (if different from above)

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Place of Birth \_\_\_\_\_ U.S. Social Security \_\_\_\_\_

Citizenship \_\_\_\_\_ Are you permitted to work in the United States? Yes or No

\_\_\_\_\_  
Visa Classification \_\_\_\_\_ Visa Expiration Date \_\_\_\_\_ A# (if  
applicable) \_\_\_\_\_

## EDUCATION

Graduated From \_\_\_\_\_ State \_\_\_\_\_ Yr Graduated Month/Year \_\_\_\_\_ Type of Degree \_\_\_\_\_

Other \_\_\_\_\_ State \_\_\_\_\_ Yr Graduated Month/Year \_\_\_\_\_ Type of Degree \_\_\_\_\_

## NURSING/THERAPY SPECIALTY OR INSTRUMENTATION SKILLS

Type of Specialty \_\_\_\_\_ Years of Experience \_\_\_\_\_

Type of Specialty \_\_\_\_\_ Years of Experience \_\_\_\_\_

Type of Specialty \_\_\_\_\_ Years of Experience \_\_\_\_\_

Type of Specialty \_\_\_\_\_ Years of Experience \_\_\_\_\_

Related Course Certification \_\_\_\_\_ Date of Completion \_\_\_\_\_

## PROFESSIONAL LICENSE NUMBERS

License Number \_\_\_\_\_ State/Province \_\_\_\_\_ Exp. Date \_\_\_\_\_

License Number \_\_\_\_\_ State/Province \_\_\_\_\_ Exp. Date \_\_\_\_\_

License Number \_\_\_\_\_ State/Province \_\_\_\_\_ Exp. Date \_\_\_\_\_

Has your license ever been under investigation? Yes or No (If yes, please attach a separate sheet with full explanation.)

Have you ever been convicted of a crime? Yes or No (If yes, please attach a separate sheet with full explanation.)

CPR/BCLS \_\_\_\_\_ Exp. Date \_\_\_\_\_

ACLS/PALS/NALS (please circle) \_\_\_\_\_ Exp. Date \_\_\_\_\_

OSHA/Infection Control Safety \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

**Mail or Fax Completed Application to:**

Avenue HomeCare, Inc. 1230 W. Morehead St., Suite 112 Charlotte, NC 28208 T. 704.971.2800 F. 704.527.6616

Referred By \_\_\_\_\_

PLEASE COMPLETE OTHER SIDE

Are you under a non-compete contract with any companies, facilities or agencies?

Yes

No

## Pre-Employment Application Continued

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### PREVIOUS EMPLOYMENT *Please list most recent employer first*

<b>Facility/Agency Name</b> _____	<b>Start Date</b> _____	<b>End</b> _____
Date _____		
Address _____	<b>May we contact for reference?</b> Yes No	<b>Starting</b> _____
Salary _____		
City _____ State/Province _____ Zip Code _____	<b>Was this a travel assignment?</b> Yes No	<b>Ending Salary</b> _____
Position Held _____	<b>Immediate</b> _____	
Supervisor _____		
Specialty/Unit/Floor _____	<b>Supervisors Phone &amp; best time to</b>	
reach _____		
Type of Nursing/Therapy _____	<b>Charge/Supervisory</b> _____	
Experience _____		

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Date _____		
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Salary _____		
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