



1225 Franklin Avenue, Ste. 325, Garden City, New York, 11530
Phone: (347) 430-4636
Email to: HR@PHSPro.com

Employment Application

PERSONAL INFORMATION

DATE: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

WHAT POSITION ARE YOU APPLYING FOR? _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL/TEMPORARY PER DIEM

DATE AVAILABLE TO BEGIN WORK: _____ ARE YOU PRESENTLY EMPLOYED? YES NO

DESIRED PAY: \$ _____ HOURLY PER VISIT ANNUAL SALARY

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ALLOWED TO WORK IN THE U.S. WITHOUT SPONSORSHIP? YES NO*

*IF NO, EXPLAIN: _____

HAVE YOU EVER WORKED FOR THIS PHS? YES* NO

*IF YES, WRITE THE START DATE: _____ END DATE: _____

DO YOU HAVE FRIENDS OR RELATIVES WORKING AT PHS? YES* NO

*IF YES, NAME: _____ RELATIONSHIP: _____

ARE YOU AT LEAST 18? YES NO

DO YOU HAVE A CURRENT, VALID DRIVER'S LICENSE? (For driving-related positions) YES NO

DO YOU HAVE A CONDITION THAT WILL REQUIRE ACCOMMODATIONS? YES* NO

IF YES, WHAT IS THE ACCOMMODATION? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

(*Conviction is not necessarily a bar to employment)

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO

DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO

DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATE: _____

ACTIVITIES/SKILLS: _____



EMPLOYMENT HISTORY

EMPLOYER #1: _____ FROM: _____ TO: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY
JOB TITLE: _____ RESPONSIBILITIES: _____
REASON FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER: YES NO NAME: _____
E-MAIL: _____ PHONE: _____

EMPLOYER #2: _____ FROM: _____ TO: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY
JOB TITLE: _____ RESPONSIBILITIES: _____
REASON FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER: YES NO NAME: _____
E-MAIL: _____ PHONE: _____

EMPLOYER #3: _____ FROM: _____ TO: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY
JOB TITLE: _____ RESPONSIBILITIES: _____
REASON FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER: YES NO NAME: _____
E-MAIL: _____ PHONE: _____

EMPLOYER #4: _____ FROM: _____ TO: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY
JOB TITLE: _____ RESPONSIBILITIES: _____
REASON FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER: YES NO NAME: _____
E-MAIL: _____ PHONE: _____



REFERENCES
(PROFESSIONAL REFERENCES ONLY)

REFERENCE #1: _____ RELATIONSHIP: _____
COMPANY: _____ TITLE: _____
E-MAIL: _____ PHONE: _____

REFERENCE #2: _____ RELATIONSHIP: _____
COMPANY: _____ TITLE: _____
E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

STARTING DATE: _____ ENDING DATE: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____



APPLICANT ACKNOWLEDGEMENT & CONSENTS

BACKGROUND CHECK

IF REQUESTED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DRUG TESTING

If hired, I also agree, that if asked to do so, I will submit to drug testing including but not limited to blood or urine testing, as a condition of employment and continued employment. I understand that failure to pass these screenings/tests may result in termination of employment. I also understand that refusal to submit to these screenings/tests will be considered a voluntary resignation of employment.

MEDICAL SCREENING

A post-offer conditional medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired, employment may be terminated.

EQUAL OPPORTUNITY EMPLOYER

Applicant understands that Platinum Healthcare Solutions, Inc., is an Equal Opportunity Employer and committed to excellence through diversity. To ensure this application is acceptable, please print or type with the application being fully completed for it to be considered.

CERTIFY

I certify that I have fully and accurately answered all questions and have given all information requested in this employment application, and I understand that any wrong or incomplete information on the form may disqualify me from further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the PHS, and hereby give my consent to PHS to investigate my background and qualifications using any means, sources, and outside investigators at its disposal.

AT WILL

In consideration of my employment, I agree to conform to the policies, rules, regulations, and standards of PHS, as amended by PHS, from time to time in its discretion. I agree, that if hired, I will be an "employee at will" and that my employment can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of PHS.

FLEXIBLE ASSIGNMENT

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

Nothing contained in this application, in any other policy, or conveyed to me during any interview shall be construed to create any express or implied contractual obligation on PHS in connection with my employment.

I have read and understood the above.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____