

MIRACLE PATH STAFFING AGENCY INC.



Our Mission:

EVERY DAY, WE...

- + DELIVER THE BEST THE TALENT AND INSIGHTS TO HELP HEALTH CARE FACILITIES OPTIMIZE THEIR WORKFORCE.
- + GIVE MEDICAL PROFESSIONALS OPPORTUNITIES TO DO THEIR BEST WORK TOWARDS QUALITY PATIENT CARE
- + CREATE A VALUES-BASED CULTURE OF INNOVATION WHERE OUR TEAM MEMBERS CAN ACHIEVE THEIR GOALS

EMPLOYMENT APPLICATION

PERSONAL INFORMATION:

Position Applied for: _____ Date: _____

Full Name: _____

Primary Phone: _____ Cell Phone: _____

Email: _____

Preferred Form of Contact: _____ Best Time to Contact: _____

Social Security Number: _____

Languages: _____ Years Experience (Healthcare Field): _____

Address: _____

Street

City

State

Zip Code

County

Emergency Contact: _____

Phone Number: _____

Relationship to Applicant:

PREVIOUS WORK HISTORY: Starting With Most Recent

Employer Name and Address:

_____ Phone: _____

Dates of Employment: _____ / _____ / _____ to _____ / _____ / _____

Position: _____ Salary: _____

Reason for Leaving: _____

Employer Name and Address:

_____ Phone: _____

Dates of Employment: _____ / _____ / _____ to _____ / _____ / _____

Position: _____ Salary: _____

Reason for Leaving: _____

EDUCATION

<u>Name of School</u>	<u>Diploma/Degree</u>	<u>Special Awards</u>
-----------------------	-----------------------	-----------------------

High School: _____

College: _____

Other: _____

Licenses or Certifications: _____

CPR is a requirement

REFERRED BY:

How did you hear about our company? If you were referred by current employee, please give their full name: _____

RESUME ATTACHED? Yes () No ()

REFERENCES : Please list two references, current/past supervisors or managers. *No relation please

Name :
Address:
Phone:
Occupation:
Name:
Address:
Phone:
Occupation:

APPLICATION DISCLOSURE AND NON-COMPETE STATEMENT

I hereby declare that all information and statements contained in this application are true and correct and understand that false or inaccurate information in the application may be used as basis for termination. I hereby agree not to duplicate or become proprietor, manager, supervisor, or sales associate of any staffing agency while in the employ of MPSA or within a one-year period from the date of termination with Miracle Path Staffing Agency Inc. I authorize Miracle Path Staffing Agency, Inc. to contact any former schools or employers, except those I have indicated, to verify information required. Also I give Miracle Path Staffing Agency authorization to forward required information, including but not limited to name, address, mobile device, PPD test results, licenses, certifications, criminal background checks, and current physical form to facilities where I may be scheduled. I authorize Miracle Path Staffing Agency Inc. to investigate my background inclusive of criminal records and licensure with the State Board of Nurse Examiners. Also I understand and agree that I am registering with a Staffing Company and neither work nor hours are guaranteed. Refusal of available work, in a period of ninety (90) days, will result in voluntarily termination with Miracle Path Staffing Agency. Additionally, if I fail to report to any scheduled shifts, I will have voluntarily terminated my employment at Miracle Path Staffing Agency, Inc. By signing this document I am acknowledging that I an employee of Miracle Path Staffing Agency, and not an employee of the client serviced by Miracle Path Staffing Agency I agree to follow all scheduling policies and procedures of Miracle Path Staffing Agency Inc. \$I so I hereby acknowledge and swear that I have not been convicted, pled guilty, or pled no contest to any of the Prohibited Offenses contained in the Older Adult Protective Act 169 as amended by Act 13 of 1997. (Full list of offenses on Act 169 is available upon request.)

Print Name

Date

Signature

MPSA Signature

*Typing your name on this document holds the same weight and legality of your physical signature .

Date you are available to start _____

Do you have reliable transportation? _____

Do you have a valid driver's license? _____

Are you willing to drive within a 30-mile radius of your home?

Please check box below for availability for job placement. If any changes occurs. Please Call MPSA office to change your schedule at **267-932-8124 or 267-371-0428.**

WEEKLY SCHEDULE

Days of week	7-3 A.M.	3-11 P.M.	11-7 P.M.	12-hr shift A.M. 12-hr shift P.M.
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				
Sat.				
Sun.				

Company Use Only

Interviewed by: _____

Comments: _____
