

KEMM Care Medical Staffing

Employment Application

(Please Print)

Date of Application:			
Name (First	M.I.	Last)	Maiden Name
Address (Street		City	State Zip Code)
Telephone Number (Home)	Telephone Number (Cell)	Telephone Number (Work)	
Are you age 18 or over? YES NO	Social Security Number	E-mail Address	
Person to notify in case of emergency: (Name		Relationship	Phone)
Professional Discipline	Specialty	Date Available	
Can you submit verification of your legal right to work in the U.S.?			YES NO
If you will be employed on a visa, please specify type of work visa:			
Have you ever been investigated by federal or state authorities for an alleged violation of a health care law? If yes, explain on a separate sheet.			YES NO
Have you ever been excluded from participation in a federal health care program (e.g. Medicare/Medicaid)? If yes, explain on a separate sheet.			YES NO
Has any license/certification held by you ever been subject to disciplinary action, suspension, or revocation? If yes, explain on a separate sheet.			YES NO

KEMM Care, Inc. is an equal opportunity employer.
Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status.

1600 Osgood Street, Suite 2-31, North Andover, MA 01845
Tele: 978 691-KEMM (5366) Toll Free: 866 336-KEMM (5366) Fax: 978 691-5368
www.kemmcare.com E-mail: info@kemmcare.com

EDUCATION

	Name and Location of School	Month/Year Graduated	Diploma, Degree Received
High School			
College			
Graduate School			
Other School			

LICENSURE

License #	State Issuing	Expiration Date	Active	
			YES	NO
			YES	NO
			YES	NO
			YES	NO

CERTIFICATION (Include photocopies of certification held)

Type and Number	Certification Date	Expiration Date

EMPLOYMENT HISTORY

Facility		Number of Beds	
City		State	Zip Code
Teaching Facility	Trauma Facility	Charge/Mgmt. Experience	
YES	NO	YES	NO
Specialty Experience:	1.) # of Beds	2.) # of beds	3.) # of beds
Supervisor Name		Phone	Ext.
Dates of employment		Reason for leaving:	
Was this a travel assignment		if yes, what Company	
YES		NO	

EMPLOYMENT HISTORY cont.

Facility				Number of Beds			
City				State		Zip Code	
Teaching Facility		Trauma Facility		Charge/Mgmt. Experience			
YES NO		YES NO		YES NO		YES NO	
Specialty	1.)	# of Beds	2.)	# of beds	3.)	# of beds	
Experience:							
Supervisor Name				Phone		Ext.	
Dates of employment				to		Reason for leaving:	
Was this a travel assignment				YES NO		if yes, what Company	

Facility				Number of Beds			
City				State		Zip Code	
Teaching Facility		Trauma Facility		Charge/Mgmt. Experience			
YES NO		YES NO		YES NO		YES NO	
Specialty	1.)	# of Beds	2.)	# of beds	3.)	# of beds	
Experience:							
Supervisor Name				Phone		Ext.	
Dates of employment				to		Reason for leaving:	
Was this a travel assignment				YES NO		if yes, what Company	

I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification is discovered, it will constitute grounds for dismissal. I hereby authorize you or your agents to conduct any investigation necessary concerning any part of my background, civil and criminal records, credit records, education records and any other such information related to the position I am seeking. I release and forever hold harmless any and all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by this organization, or its clients, I will abide by the appropriate rules and regulations which I understand are subject to change. I further understand that, if hired, my employment through KEMM Care, I may be required to undergo a physical examination, including drug screening, to determine my ability to perform the functions of my job with reasonable accommodation.

I, the undersigned, having applied for a position with KEMM Care, do hereby authorize you to provide KEMM Care with the information requested. I hereby authorize my former employers to furnish any or all information, personal or otherwise, which may or may not be recorded. I hereby release all such employers, including their representatives and agents, from all liabilities for any damage whatsoever for furnishing same to KEMM Care.

Signature	Date
-----------	------

Application Questions

1. Have you ever had your license or certification in any state, investigated, suspended or had disciplinary action taken against it?
- a. Yes*
 - b. No

**If you responded "Yes", please explain:*

2. Have you ever been convicted of a crime other than a minor traffic violation?
- a. Yes*
 - b. No

**If you responded "Yes", please explain:*

3. Have you ever been named as a defendant in a professional liability action?
- a. Yes*
 - b. No

**If you responded "Yes", please explain:*

4. Are you either a U.S. Citizen or can you submit verification of your legal right to work in the U.S.?
- a. Yes
 - b. No*

**If you responded "No", please explain:*

Healthcare Professional Printed Name: _____

Healthcare Professional Signature: _____ Date: _____