



Contact Information

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OMNI HEALTHCARE STAFFING INC. provides employment Opportunities without regard to race, color, religion, sex, national origin, age, Handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

IMPORTANT: All answers must be printed or typed Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL DATA (Please fill above the line)

/ /
FIRST NAME MIDDLE NAME LAST DOB SOCIAL SECURITY NUMBER

ADDRESS CITY STATE ZIP TELEPHONE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) CITY STATE ZIP TELEPHONE

**ARE YOU LEGALLY AUTHORIZED YOUR VISA TYPE IF AVAILABLE VISA NUMBER TO WORK IN THE
UNITED STATE EXPIRATION DATE**

EDUCATION

(Fill in the above each line)

ATTENDED GRADUATED DEGREE, DIPLOMA FROM TO
(YES) (NO) CERT, ETC, RECEIVED?

NAME AND ADDRESS OF SCHOOL

LAST HIGH SCHOOL ATTENDED/complete address

COLLEGE OR UNIVERSITY/complete address

COLLEGE OR UNIVERSITY/complete address

OTHER (Technical, Vocation, Graduate, etc. complete address)

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

IN WHAT LANGUAGE OTHER THAN ENGLISH CAN YOU CONVERSE? _____ Fluent _____ YES _____ NO
_____ Fluent _____

EMPLOYMENT HISTORY

IMPORTANT STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN COSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE(S) IF NECESSARY.

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY BEGIN/END	EMPLOYED FROM
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME AND TITTLE OF SUPERVISOR		REASON FOR LEAVING	
TITLE OF YOUY POSITION		DEPARTMENT	
DUTIES			

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY BEGIN/END	EMPLOYED FROM-TO
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MILITARY SERVICE AND STATUS

BRANCH OF SERVICE _____ MILITARY OCCUPATION: _____

LENGTH OF ACTIVE DUTY (MONTH/YEAR)

DATE OF ENTRY: _____ / _____ RANK: _____

DATE OF SEPARATION: _____ / _____

LIST PLEASE NOTE: FINAL PROCESSING PRIOR TO EMPLOYMENT WILL REQUIRE A REVIEW OF THE ORIGINAL OR A COPY OF YOUR MILITARY DISCHARGE AND/OR A REVIEW OF YOUR DD FORM 214.

REFERENCES

LIST TWO PERSONAL REFERENCES WHO ARE NOT RELATIVES.

NAME ADDRESS TELEPHONE OCCUPATION YEAR KNOWN

NAME ADDRESS TELEPHONE OCCUPATION YEAR KNOWN

IN CASE OF ACCIDENT OR ILLNESS, PLEASE CONTACT: NAME _____

ADDRESS: _____ TELEPHONE: _____ RELATIONSHIP _____

PLEASE NOTE: FINAL PROCESSING PRIOR TO EMPLOYMENT WILL REQUIRE A REVIEW OF THE ORIGINAL OR A COPY OF YOUR MILITARY DISCHARGE AND/OR A REVIEW OF YOUR DD FORM 214.

APPLICANT SIGNATURE

DATE

Please read the following information carefully before signing

I certify that the information contained in this application is correct to the best of my knowledge and I understand any falsification, misrepresentation or omissions on this application is grounds for refusal to hire, or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give Omni Healthcare Staffing any and all information concerning my previous employment, education or any other information they may have, with regard to any of the subjects covered by this application and release all such parties and Omni Healthcare Staffing from all liability from any damage that may result from furnishing such information. I authorize Omni Healthcare Staffing to request and receive such information.

If employed, I understand that I will be an employee "at will" and either Omni Healthcare staffing or I may terminate my employment at any time with or without notice for any reason not in violation of the law.

I agree to comply with Omni Healthcare Staffing rules, regulations and policies, and acknowledge that these rules, regulations and policies may be changed, interpreted or supplemented

any time, and without prior notice to me.

I acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause and with or without prior notice, at any time, at the option of Omni Healthcare staffing Staffing or myself. I understand no

representative of Omni Healthcare Staffing other than an officer has any authority to enter into any agreement for employment for any specified period of time or to assure any other personnel action, either prior to commencement of employment or after I become employed, or to assure any benefits or terms and conditions of the employment, or make an agreement contrary to the foregoing.

I agree to have a post offer, pre-employment physical examination as required for my position and understand that any offer of employment is contingent upon my passing this physical examination which relates to state and federal laws and regulations.

For Massachusetts applicants

It is unlawful to require or administer a lie detector test as a condition of

employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Applicant Signature : _____

DATE: _____