



Care Med Educational Services, LLC is dedicated to a policy of nondiscrimination in employment. All employment decisions are made without regard to race, religion, sex, age, national origin, marital status, physical or mental disability or sexual orientation.

*APPLICATION MUST BE COMPLETED IN FULL TO BE CONSIDERED FOR EMPLOYMENT*

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
                     Last                      First                      Middle

Address \_\_\_\_\_  
                     Street                                      City                                      State                      Zip

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Position(s) Desired	<b>Please check your availability</b>	
1. _____	_____ Full Time	_____ Days
	_____ Part Time	_____ Evenings
2. _____	_____ Per Diem	_____ Weekends

If hired when are you available to begin work? \_\_\_\_\_

How did you hear about this position? (please be specific) \_\_\_\_\_

Are you legally permitted to work in the United States? YES NO  
 (Completion of a Form I-9 and proof of identity and eligibility will be required as a condition of employment upon hire.)

Are you over 18 years of age? YES NO

Have you ever been *convicted* of a misdemeanor or felony? YES NO If yes, describe in full

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(A conviction does not necessarily disqualify an applicant from the position being applied.)*



**PROFESSIONAL REFERENCES** (*Excluding family and friends*)

Name	Phone Number	Years Known	Relationship to You

**Use the space below to list any additional professional/clinical skills, certification or information relevant to the position you seek.**

---

---

---

---

---

**I hereby authorize Care Med Educational Services to conduct a complete investigation into my background including, but not limited to, inquiring into my entire employment history, education history, certifications, criminal and military records, if any; to obtain references regarding my moral character and reputation and to solicit and obtain any other information Care Med deems is necessary to determine my eligibility for employment or for the purposes of confirming the accuracy of completeness of any information I have provided to Care Med. I hereby release, indemnify, and hold harmless Care Med Educational Services and any former employers from any and all liability based on it's authorized receipt, disclosure and use of the information gathered in the processing of my application.**

**I understand that any employment offer is contingent upon the following: (1) producing documents establishing my eligibility to work in the United States; (2) satisfactorily passing the pre-employment physical, criminal background and reference checks; and (3) complying with Care Med's pre-employment application procedures.**

**I understand that if I am employed with Care Med Educational Services, my employment will be at-will. As such, it can be terminated by me or by Care Med with or without advance notice, at any time, and for any reason not prohibited by law.**

**By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I understand that misrepresentation or omission of information on this application may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REGISTERED NURSE APPLICANTS ONLY**

Nursing Specialty	Years of Experience

*Please check the education level(s) that apply.*

3 year diploma RN	Associates Degree	BSN	Other Bachelors Degree (list major)	MSN	Other Masters Degree (list major)

Nursing license number \_\_\_\_\_ LPN      \_\_\_ RN      Expiration Date \_\_\_\_\_

**Care Med Educational Services LLC**  
**300 N. Main Street**  
**Plymouth, NH 03264**  
**(603) 536-4610**  
**www.caremednurse.com**  
**caremed389@adelphia.net OR**  
**info@caremednurse.com**