



**Alliance Healthcare Staffing**  
"FAMILY FIRST"

How were you referred to us?  Date available to start:

*Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview*

**Applicant Data**

**Full Name:**

**Address:**  **City:**  **State:**  **Zip:**

**Phone:**  **Mobile/Pager/Other:**  **E-Mail Address:**  **Salary Requirements:**

**Are you over 18 years of age?**  Yes  No **Gender:**  Male  Female

**SSN:**  **Drivers license number/State:**  **Do you have your own transportation?**  Yes  No

**Are you a citizen of the U.S.?**  Yes  No **If not, are you legally allowed to work in the U.S.?**  Yes  No

**Have you ever been convicted of a felony?**  Yes  No

**Have you ever been or are you currently under investigation for abuse/neglect of a client?**  Yes  No

**If yes, give dates and details:** Answering yes does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

**Please Note:**  
You must be willing to work weekends, nights and travel within a 15-mile radius to be considered for employment

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Begin Time							
End Time							

1731 MOELING STREET  
 Lake Charles, Louisiana 70601  
 E-Mail: ahcs@alliancehealthcareahc.com

PH: 337.564.6302  
 Toll Free: 833-809-0884  
 Fax Line 337.564.6308

**✓ All areas you are willing traveling to**

**Allen**

- Kinder
- Le Blanc
- Reeves
- Bel
- Mittie
- Oberlin

**Beauregard**

- DeRidder
- Singer
- Ragley
- Longville
- Fields
- Bancroft
- Dry Creek

**Calcasieu**

- Westlake
- Lake Charles
- Sulphur
- Vinton
- Starks
- Moss Bluff
- Iowa
- Carlyss
- DeQuincy
- Toomey
- Edgerly
- Gillis
- Bell City
- Hayes
- Holmwood

**Cameron**

- Hackberry
- Johnson's Bayou
- Holly Beach
- Cameron
- Creole
- Grand Chenier
- Sweet Lake
- Grand Lake
- Oak Grove

**Jefferson Davis**

- Fenton
- Lacassine
- Welsh
- Roanoke
- Jennings
- Lake Arthur
- Hathaway
- Elton

**Summarize Your Special Skills or Qualifications**

CPR Certified  
 Expiration Date:

First Aid Certified  
 Expiration Date:

Certified Nursing Assistant  
 Expiration Date:

Number of Years Experience in this field:

Certified Medication Administrator

Other:

**Experience/Abilities (Check all that apply)**

Trach

Lifting

Transportation

Feeding Tube

0-40lbs

40-80lbs

80-120lbs

120+lbs

Household Maintenance

Catheter

Bowel Programs

Bathing Clients

Insulin Injection

Ventilator

Insulin Check

Nebulizer/Breathing Treatments

Meal Preparation

Other:

**Please Note:**

You must have a High School Diploma or GED to be eligible for employment

**Education Background (include high school and any college, university or technical schools)**

Name of School	City/State	Did you graduate?	Major/Degree
1.			
2.			
3.			

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, education, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

Signature of Applicant:

Date:

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**Applicant:** Please fill in the top part of this form with the name and contact information of a professional reference.

**This must be a past/current employer or someone you have worked with or for who has information regarding your professional skills and work performance.**

<b>Name of Company/Person:</b>	<b>City/State:</b>	<b>Contact Number:</b>
<b>Employed From: (Month/year)</b>	<b>To: (Month/year)</b>	<b>Job Title:</b>
<b>Starting Salary:</b>	<b>Ending Salary:</b>	<b>Reason for leaving:</b>

I, \_\_\_\_\_, have applied for employment with Alliance healthcare Staffing and authorize you to release my employment and performance information to Alliance healthcare staffing.

Applicant Signature

Date

Applicant's Social Security Number

**OFFICE USE**

**Fax Number:** \_\_\_\_\_ **ATTN: HUMAN RESOURCES**  
**Sent By:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Employer:** We place great importance on thorough screenings of all applicants. As a current/former employer, you are most qualified to evaluate the skills and performance of this individual. We would greatly appreciate a prompt and thoughtful response. It will be held in strict confidence. Thank you in advance for your assistance.

Please fax completed form without a cover sheet to: **337.564.6302**

1. Are the above dates of employment correct?  Yes  No Please provide correct dates: \_\_\_\_\_  
 2. How did this person leave the organization?  Resigned  Terminated  Other: \_\_\_\_\_  
 3. Is this person eligible for rehire?  Yes  No Comments: \_\_\_\_\_

	Superior	Above Average	Average	Below Average		Superior	Above Average	Average	Below Average
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adaptability/Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest/Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Handle Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relate to Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relate to Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments \_\_\_\_\_

**Reference provide by (printed name)** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

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Phone References obtained by (printed name) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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