



(PLEASE PRINT) Name:

LAST FIRST MI

ADDRESS: _____
Street/Apt Number

City State Zip Code County _____

SOCIAL SECURITY NUMBER: _____ Date of Birth: _____

Phone Number: _____ Driver License or ID Number: _____

E-Mail Address: _____

SIGNATURE OF NURSE AIDE _____ Date _____

Are you permitted or authorize to work in USA (Circle one) Yes or No

Verification of Employment

If you are currently working as a CNA, please complete the information below with a copy of a check stub or W-2 Form as proof of employment

Current Employer: _____ (_____) _____
(Facility, Agency or Private Duty) Employer's Phone Number

Employer's Address City State Zip Code Type of Employer _____

Date Worked (From/To)

If you are NOT currently working as a CNA, please complete the information below for your most recent job within the prior 24 consecutive months. Please attach copy of a check stub, W-2 Form or letter from employer on letterhead as proof of employment

Employer (Facility or Agency Name) (_____) _____
Employer's Phone Number

Employer's Address City State Zip Code

Date of Hire Employment End Date



Previous employment Record: List most recent job first.

1) Employer

Address: _____

Phone Number: _____

Dates of Employment (month/year) From: _____ To: _____

Starting Salary: \$_____ / Hour

Ending Salary: _____/Hour

Position Held: _____

Job Description

Name and Title of Supervisor: _____

Reasons for leaving or seeking new position: _____

2) Employer

Address: _____

Phone Number: _____

Dates of Employment (month/year) From: _____ To: _____

Starting Salary: \$_____ / Hour

Ending Salary: _____/Hour

Position Held: _____

Job Description

Name and Title of Supervisor: _____

Reasons for leaving or seeking new position: _____



3) Employer

Address: _____

Phone Number: _____

Dates of Employment (month/year) From: _____ To: _____

Starting Salary: \$_____ / Hour

Ending Salary: _____/Hour

Position Held: _____

Job Description

Name and Title of Supervisor: _____

Reasons for leaving or seeking new position: _____

Other Job Related Skills:

License, Certification, or Degree

List all states, where credentials are or were held. Specifically list credentials granted as temporary, reciprocity, or similar with type, date, grantor, and if credential is current. Attach additional completed pages if you need more space. State/Jurisdiction License Type License Number Issue Date Expiration Date License Method License

State	License Type and Certificates	License Number			Institution or College
			Issue Date	Expiration Date	

REFERENCES

Name of Reference	Relationship to Applicant	Years of working together	Contact Phone and email



BACKGROUND & DRUG TEST AUTHORIZATION FORM

In order to maintain the safety of our clients, employees and property, and to confirm the information obtained from you, RAYRAC HEALTHCARE SERVICES LLC will request a background and drug test check in connection with your employment application, and in case you are hired, you may request additional background information on yourself for employment purposes.

I _____, expressly agree to the above organization obtaining information about me. The background report may contain information on, but is not limited to Social Security number verification; criminal, public, educational, and, where applicable, driving record checks; previous employment verification; reference checks, licenses, and certifications; credit reports; drug test results; and if applicable, workers' compensation injuries.

Public and private record sources may be used to obtain information, including personal interviews with your associates, friends, and neighbors.

I understand that this background check is necessary if I wish to meet all the criteria for the position of [job title] at [company name] and that a successful background check is not a guarantee of employment. I also understand that I have the right, upon written request within a reasonable timeframe, to request a copy of my background report

I certify that all the information on this form is true and complete.

Applicant's Legal Name (printed) _____

Signature: _____ Date _____

