

# **HEALTH CARE SERVICES, LLC**

## ***APPLICATION for EMPLOYMENT***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Pager Number: \_\_\_\_\_ Message Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ ODL: \_\_\_\_\_

Position (s) Applied For: \_\_\_\_\_

Professional License: Type \_\_\_\_\_ # \_\_\_\_\_ Exp. Date \_\_\_\_\_

In case of Emergency, please notify: \_\_\_\_\_

Phone Number(s) for Contact: \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

### **EDUCATION**

Name of School	Location	Dates of Attendance	Degree

### **ADDITIONAL TRAINING/SKILLS**

Specific machines, equipment or procedures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_