



# CARE STAFFING

Professionals

## LEGAL QUESTIONNAIRE

### Have you ever:

1) . . . been named as a defendant in a malpractice action? Yes No If yes, when? \_\_\_\_\_

Who was your employer at that time? \_\_\_\_\_

2) . . . had a license or certification in any jurisdiction limited, suspended, revoked or voluntarily relinquished?

Yes No If yes, when? \_\_\_\_\_ In what state? \_\_\_\_\_

3) . . . been licensed or practiced professionally under a different name? Yes No

If yes, under what name? \_\_\_\_\_ and what state? \_\_\_\_\_

4) Are you eligible to work in the U.S.? Yes No Alien ID number: \_\_\_\_\_ (if applicable)

5) . . . been denied a license? Yes No If yes, what state? \_\_\_\_\_ when? \_\_\_\_\_

What reason? \_\_\_\_\_

6) . . . been convicted by misdemeanor, felony including traffic violations? Yes No

If yes, when? \_\_\_\_\_ in what state? \_\_\_\_\_ What county? \_\_\_\_\_

(this includes any offense where you were found guilty, plead guilty or plead nolo contendere (no contest). You may omit: a conviction of misdemeanor while under the age of 18, if the records were sealed under the Penal code 1203.45b. Any conviction specified in Health and Safety code section 11361.5 which pertains to various marijuana offenses (a conviction will not necessarily disqualify you from consideration for employment).

7) . . . been arrested and are you out on bail on your own recognizance and still awaiting trial? Yes No

8) . . . been released or discharged from employment or resigned to avoid such release or discharged? Yes No

If yes, please provide dates and circumstances? \_\_\_\_\_

\_\_\_\_\_

9) . . . had your driver's license suspended or revoked? Yes No If yes, when? \_\_\_\_\_

Please explain why? \_\_\_\_\_

My signature certifies that all information contained within my application is correct and maybe verified by CARE STAFFING PROFESSONALS in compliance with the California Law. It also acknowledges that I am aware that it is my responsibility to review and policy and procedure documents of each hospital/facility in which I work, prior to beginning my initial shift.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Position: \_\_\_\_\_

### ***Application for Employment***

***CARE STAFFING PROFESSONALS, Inc.*** is an Equal Opportunity Employer. All applicants are considered for employment regardless of age, race, gender, religion, national origin, disability, marital status or any other factor prohibited by law.

Please take a moment to review and acknowledge your understanding and acceptance of this Agreement.

- I certify that the information provided on this Application is accurate. I understand that the withholding of information or the giving of false information on this Application may result in a refusal to hire or disciplinary action including, but not limited to, termination. I understand and agree that if I am offered employment by the company, it will be on an at-will basis. This means that either the Company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. I also understand and agree that only an officer of the Company can enter into an agreement on any other terms and he/she can only do so in writing signed by the officer and me. I have read the above before signing this Application.
  
- I further understand and waive my right of privacy in this investigation and release and hold harmless CARE STAFFING PROFESSONALS from any liability.
  
- I agree that any decision to hire me is contingent upon the results of my report, and certify that all statements and answers on my Application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are false or that if information has been omitted, this will cause for disqualification and immediate termination of my employment. I further authorize CARE STAFFING PROFESSONALS, Inc. to check my conviction record as needed, on a continuous basis as it relates to my employment.
  
- I authorize CARE STAFFING PROFESSONALS, Inc. to release any employment records, including health records submitted to them in consideration of employment at the customer facility where I am being placed at.

Applicant's Full Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_