

Mid-Atlantic Home Health Staffing Services

PO Box 83

Hammonton, NJ 08037

(609) 704-1980/Fax (609) 704-9054

Employment Application

Position: _____

Date: _____

Any item on this form that you feel tends to violate Federal or State Civil rights or EEOC legislation need not to be completed

Name	Last	First	Middle Initial	(Maiden)
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Address	Street and Number	City	State	Zip
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Telephone Number	Home	Cell	Social Security Number
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Are you at least 18 years of age? Yes No *No one may be employed under the age of 18 without appropriate work papers

Do you have the legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien Registration Number No. _____	US Military Record Have you ever served in the US Military? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you currently serve in the reserves? Yes <input type="checkbox"/> No <input type="checkbox"/> Type of Discharge _____
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Position or Type of Work Desired	Wage Desired
1. _____	_____
2. _____	_____
3. _____	_____

Seeking: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem	<input type="checkbox"/> Available <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Shift Preferred <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Other	Hours available per week	Days available per week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Holidays
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Have you ever been employed by Mid-Atlantic Staffing? Yes No
If yes, please list dates and position.

Source of referral: (Check one) Ad Walk-In Relative Recruiter Agency Employee Referral

Please list all relatives, immediate family, and in-laws employed by Mid-Atlantic Staffing.

Name	Relationship	Name	Relationship

Have you been charged with or convicted of a felony in the past 10 years? Yes No
If yes, provide details for each such charge and conviction

Are you the subject of a proposed debarment or exclusion from any State or Federal healthcare program? Or have you been debarred or excluded from Federal healthcare program? Yes No *If yes, provide details for each such debarment or exclusion.*

Please note that a conviction will not necessarily prevent employment at Mid-Atlantic Staffing. Such factors as age at time of offense, nature of offense, and rehabilitation will be considered.

Professional Licenses and/or Certifications

Type	State Issued	Date Issued	Expires	No.
Type	State Issued	Date Issued	Expires	No.
Type	State Issued	Date Issued	Expires	No.

Educational Background

Type of School	Name and Address	Years Attended	Graduated	Course/Major/Degree
Grammar				
High School				
College				
Other				

**Record of Previous Employment
(Most Recent Job First)**

Employer's Name & Address	Description of Duties	Dates	Hourly Wage	Reason for Leaving
Name		From:		
Address		To:		
Phone				
Employer's Name & Address	Description of Duties	Dates	Hourly Wage	Reason for Leaving
Name		From:		
Address		To:		
Phone				
Employer's Name & Address	Description of Duties	Dates	Hourly Wage	Reason for Leaving
Name		From:		
Address		To:		
Phone				

Please list two references who are not relatives or previous employers

Name	Address	Telephone	Occupation	Years Known

I understand that any misrepresentation or false statements in this application will be considered grounds for immediate dismissal. I also understand that permanent employment requires passing a physical examination, background check and drug screen. I agree to abide by the rules and regulations as stated in the employee handbook.

I (the applicant) certify that the statements on this application are true and correct to the best of my knowledge and belief, and I authorize Mid-Atlantic Staffing to verify such answers and investigate all references.

Applicant's Signature: _____

Date: _____

This agency is an Equal Opportunity Employer. No person shall on account of race, color, religious creed, national origin, sex, ancestry, marital status, age, veteran status or disability be unlawfully excluded from consideration for employment.



Mid-Atlantic Staffing, LLC

Please complete this reference form by filling in section of an individual we may contact via phone or by mail that would provide the information required in section 3

Section 1

To: _____
(Reference First and Last Name)

(Reference Address)

(Reference City, State, and Zip Code)

(Reference Phone Number with Area Code)

Section 2

Re: _____
(Your name, the applicant)

The above referenced individual has applied for employment with our company and accordingly we would appreciate a true and honest reply to the information requested below. The above applicant has granted us authorization to check with you regarding their employment history and personal background. A return envelope is enclosed for your convenience. Thank you.

I hereby authorize you to release the information requested herein.

(Your name, the applicant)

(Your signature)

Section 3

Job Title or Nature of Relationship: _____

Dependability:	Cooperation
_____ Very Dependable	_____ Exceptionally Cooperative
_____ Generally Reliable	_____ Minimally Cooperative
_____ Unreliable	_____ Uncooperative
Quality of Work	Attendance
_____ Exceeds Requirements	_____ High Degree of Vigor
_____ Regularly Meets Requirements	_____ Health is no Problem
_____ Does Not Meet Requirements	_____ Ill Health interferes with Work

Reason for leaving _____

Would you rehire? _____

Reference Name _____

Reference Signature _____ Date _____



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_____ (Your name, the applicant)

_____ (Your signature)

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Section 3

Job Title or Nature of Relationship:

Dependability:

Very Dependable

Generally Reliable

Unreliable

Cooperation

Exceptionally Cooperative

Minimally Cooperative

Uncooperative

Quality of Work

Exceeds Requirements

Regularly Meets Requirements

Does Not Meet Requirements

Attendance

High Degree of Vigor

Health is no Problem

Ill Health interferes with Work

Reason for leaving

Would you rehire?

Reference Name

Reference Signature

Date



Mid-Atlantic Staffing, LLC

DIRECT DEPOSIT AUTHORIZATION

*I authorize, Mid Atlantic or Paychex, and the bank listed below to deposit my net pay or portion thereof as indicated into my account each pay period.

*If funds to which I am **not** entitled are deposited into my account, I authorize my employer, Mid Atlantic or Paychex to direct the bank to **return** said funds.

BANK NAME: _____

BANK TRANS ABA#: _____

ACCOUNT NUMBER-CHECKING: _____

ACCOUNT NUMBER-SAVINGS: _____

FULL NET PAY: _____

PARTIAL AMOUNT PER PAYROLL: _____

Please return this authorization to the Mid Atlantic office with a voided check from your checking account or a deposit slip from your savings account.

EMPLOYEE SIGNATURE: _____

EMPLOYEE NAME: _____

DATE: _____



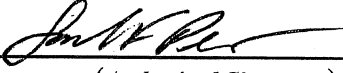
AUTHORIZATION FOR SERVICES

Please call in advance to schedule an appointment for service.

Employee Name: _____

Employee's Position: _____

Company Name: MID ATLANTIC STAFFING

Services/Treatment authorized by: 
(Authorized Signature)
Samuel Perone
(Printed Name & Title)

Date/Time of Authorization: _____

Phone Number: 609.704.1980, extension 2009 Fax: 609.704.9054

***Please provide services as indicated:**

- Pre-Placement Physical Exam
- Pre-Placement 9-Panel Urine Drug Screen w/Oxy
- PPD
- Rubella Titre Rubeola Titre Varicella Titre Hepatitis B Titre
- Hepatitis B Vaccine ___ 1st ___ 2nd ___ 3rd
- Worker's Compensation *(Please indicate below if post-accident drug/alcohol testing is required)*
- Post Accident 9-Panel Urine Drug Screen
- Post Accident Breath Alcohol Test
- Other as indicated: _____

NOTE: If post-accident drug/alcohol testing is required after normal business hours please follow after hours instructions PRIOR to reporting to the ER.

101 Burrs Road
Suite A, Building 2
Westampton, NJ 08060
(P) 609-914-8610
(F) 609-914-8626

Urgent Care(Work Comp &
Overflow Only)
401 Young Avenue
Suite 180
Moorestown, NJ 08057
(P) 856-291-8600
(F) 856-291-8610

2309 Evesham Road
Suite 104
Voorhees, NJ 08043
(P) 856-325-5310
(F) 856-325-5314

1000 Atlantic Avenue
Camden, NJ 08104
(P) 856-246-3568
(F) 856-246-3556

239 Hurffville-Crosskeys
Road, Suite 160
Sewell, NJ 08080
(P) 856-341-8200
(F) 856-341-8215



Mid-Atlantic Staffing, LLC

Employee History of Chicken Pox

Name: _____

Address: _____

City, State, & Zip: _____

Social Security: _____

Birthday: _____

Age: _____

In order to comply with new employee health requirements, a medical history of chicken pox is required for each new employee.

Please check the appropriate line and return this form to Mid-Atlantic Staffing with the completed portion of the employment package.

1) I have had chicken pox: _____

2) I have not had chicken pox: _____

3) My history of chicken pox is unknown: _____

If you have not had chicken pox or cannot remember, a blood test (HZV antibody titer) will be performed at no expense for confirmation. You will be notified at a later date if blood testing is required.

Employee Signature

Date