

Please Check Company Enrolled With:

- TCC- Broward
- TCMS- Hernando
- TCMSJ- St. Johns

# Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary		
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Years known:	Phone (     )
Full Name	Relationship
Years known:	Phone (     )
Full Name	Relationship
Years Known:	Phone (     )

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative.	
Signature	Date

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

Dear Applicant:

Thank you for your interest in working with **Tender Care Medical Services, Inc.** If you are applying for a **Nursing** position or **Direct Care Personnel** position, you **MUST** be able to provide the following:

**Nursing (RN):**

- Hold a current Florida registered nursing license
- Hold a current certification in CPR
- Have a minimum of two years pediatric experience of which at least six months must have been spent caring for medically fragile or technologically dependent children.

Please outline in detail your experience including names, dates, and phone numbers so that we may verify this information: \_\_\_\_\_

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**Nursing (LPN):**

- Hold a current Florida licensed practical nurse license
- Have two years experience in pediatrics

Please outline in detail your experience including names, dates, and phone numbers so that we may verify this information: \_\_\_\_\_

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**Direct Care Personnel (DCP):**

- Hold a current certification in CPR
- Have one year experience in the care of infants and toddlers
- Employment references documenting skill in the care of infants and children

Please outline in detail your experience including names, dates, and phone numbers so that we may verify this information: \_\_\_\_\_

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

**APPLICANT'S NAME:** \_\_\_\_\_

## **PRE-EMPLOYMENT QUESTIONNAIRE**

1. Are you legally eligible for employment in the United States?

Yes                  No

2. Do you have a current valid driver's license?

Yes                  No

3. Is your driver's license issued by the State of Florida?

Yes                  No

If not, what state is it issued by? \_\_\_\_\_

4. Do you have a commercial driver's license?

Yes                  No

5. What languages do you speak and write fluently? \_\_\_\_\_

\_\_\_\_\_

6. Were you referred by someone who currently works for Tender Care Medical Services, Inc.?

Yes - If yes, please state individual's name: \_\_\_\_\_ No

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**EMPLOYMENT AUTHORIZATION AND VERIFICATION FORM**

Applicant name: \_\_\_\_\_ Social Security #: xxx-xx-(\_\_\_\_\_)  
(Last 4 digits only)

Name of Previous Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The above named applicant is being considered for employment with Tender Care Centers, Inc./Tender Care Medical Services, Inc., and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Thank you for your assistance.

**Please return this form via fax to: (\_\_\_\_) \_\_\_\_\_**  
**Any questions please call (\_\_\_\_) \_\_\_\_\_.**

**APPLICANT'S AUTHORIZATION:**

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employee, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts with this information.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECORD OF EMPLOYMENT:  
(TO BE COMPLETED BY PREVIOUS EMPLOYER)**

Is the applicant still employed by you? \_\_\_\_\_ Position held: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Last day of employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If no longer employed, is the applicant eligible for rehire? \_\_\_\_\_

Was the employee reliable? \_\_\_\_\_ Did the employee get along well with his/her coworkers? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of person completing form \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

For office use only:

1<sup>st</sup> Attempt: Form FAXED/MAILED/VERBAL: Date: \_\_\_\_\_ Initials: \_\_\_\_\_

2<sup>nd</sup> Attempt: Form FAXED/MAILED/VERBAL: Date: \_\_\_\_\_ Initials: \_\_\_\_\_

3<sup>rd</sup> Attempt: Form FAXED/MAILED/VERBAL: Date: \_\_\_\_\_ Initials: \_\_\_\_\_

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Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Was the employee reliable? \_\_\_\_\_ Did the employee get along well with his/her coworkers? \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person completing form \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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Comments: \_\_\_\_\_

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\_\_\_\_\_

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Signature of person completing form \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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3<sup>rd</sup> Attempt: Form FAXED/MAILED/VERBAL: Date: \_\_\_\_\_ Initials: \_\_\_\_\_

# Tender Care Medical Services, Inc.

## Availability Form

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check all boxes that you are available to work**

**(Please only note your availabilities).**

	Monday	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
0730 am to 1630						
AM Transport						
PM Transport						

Additional  
Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Additional  
Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_