



Candidate Profile

3691 Old Yorktown Road Shrub Oak, NY 10588 (914) 245-3200 Fax (914) 245-3888

Who referred you to HealthPro? _____ DATE: _____

NAME: _____

ADDRESS: _____
LAST FIRST MI
STREET Apt CITY STATE ZIP COUNTY

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

FAX: _____ EMAIL ADDRESS: _____

Medical Insurance Required? ___ YES ___ NO

POSITION DESIRED: _____ **YRS EXPERIENCE:** _____ **SALARY EXPECTATION:** _____

EMPLOYMENT AVAILABILITY: (CIRCLE) PERMANENT TEMPORARY FULLTIME PART-TIME

DAYS AND HOURS AVAILABLE: _____

PRESENTLY EMPLOYED: YES NO IF YES, WHERE? _____

JOB TITLE: _____

SKILLS: _____

EMPLOYMENT LOCATION PREFERENCE: 1) _____ 2) _____

TRANSPORTATION: (CIRCLE ONE): CAR PUBLIC TRANSPORTATION

EMPLOYMENT HISTORY: (LIST MOST RECENT FIRST)

1) _____
(COMPANY) (LOCATION) (DATES OF EMPLOYMENT)

2) _____

3) _____

EDUCATION: COLLEGE / UNIVERSITY: _____ DEGREE _____
OTHER: _____ DEGREE _____

EMPLOYMENT REFERENCES:

1) _____
(NAME) (TITLE & COMPANY) (ADDRESS) (ZIP) (PHONE #)

2) _____

3) _____

Have you been convicted of a crime? ___ Yes ___ No **(Conviction does not automatically disqualify from referrals)**

If yes, Please explain the charges _____

Has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you? ___ Yes ___ No

If requested by a potential employer, would submit to a drug screen? ___ Yes ___ No

Have you completed an infection control course work within the past four years? ___ Yes ___ No

Have you received your immunizations/vaccines? **Hepatitis** ___ Yes ___ No **TB** ___ Yes ___ No

Tetanus ___ Yes ___ No **Other** ___ Yes ___ No

Do you have any Allergies? (Including: Latex or Powdered Gloves, any disinfectants, etc.)

PROFESSIONAL OCCUPATIONAL LICENSE: YES NO TITLE: _____

LICENSE STATES: _____ LICENSE STATUS: ACTIVE/ INACTIVE LICENSE #: _____

CANDIDATE SIGNATURE: _____