



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: \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_

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: \_\_\_\_\_