

Application For Employment

Peters Agency
1015 E Choctaw
Sallisaw Ok, 74955

PERSONAL INFORMATION				
FIRST NAME			DATE	
LAST NAME			SIGNATURE	
SOCIAL SECURITY #			DATE OF BIRTH	
ADDRESS			PHONE	EMAIL
CITY	STATE		ZIP CODE	

PREVIOUS EMPLOYMENT				
START DATE			END DATE	
COMPANY			TYPE OF BUSINESS	
ADDRESS			PHONE	EMAIL
CITY	STATE		ZIP CODE	
YOUR POSITION			YOUR MANAGER	
REASON FOR LEAVING			MAY WE CONTACT	YES / NO (circle one)

START DATE			END DATE	
COMPANY			TYPE OF BUSINESS	
ADDRESS			PHONE	EMAIL
CITY	STATE		ZIP CODE	
YOUR POSITION			YOUR MANAGER	
REASON FOR LEAVING			MAY WE CONTACT	YES / NO (circle one)

LEVEL OF EDUCATION			
Complete the following fields based on courses you have completed			
LEVEL	SCHOOL - LOCATION	DATES ATTENDED	Degree/License
HIGH SCHOOL			
COLLEGE			
OTHER			

REFERENCES (persons not related to you whom have known you for at least 1 year)				
NAME	OCCUPATION	RELATIONSHIP	PHONE	EMAIL

Application For Employment

Peters Agency
1015 E Choctaw
Sallisaw Ok, 74955

Pediatric skills, experience or special training		
	U.S military or Naval service?	Rank

What aspects of pediatric care do you feel most comfortable providing?

What aspects of pediatric care do you feel most uncomfortable providing?

Is there an area of pediatric care you are interested in but feel as though you need more training?

Experience with durable medical equipment, vents, nebulizer, TPN, IV, ect.

Are in you interested in visit/ field or total home care nursing?

Have you ever been convicted of a crime?	
Yes	<input type="checkbox"/>
NO	<input type="checkbox"/>

Peters Agency is an equal opportunity employer

By submitting this application, you certify that all facts contained in this application are true and complete to the best of your knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. You authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information, I also 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. This waiver does not permit the release or use of disability- related or medical information in a manner prohibited by the Americans with Disabilities ACT (ADA) and other relevant federal state and laws.