



FOR OFFICE USE ONLY

Interview date and time

NICKA & ASSOCIATES, INC.

5501 INDEPENDENCE PARKWAY, SUITE 316
PLANO, TEXAS 75023
TOLL FREE 866-566-5976 • FAX 972-964-1056

JOB APPLICATION

IT IS THE POLICY OF NICKA & ASSOCIATES, INC. THAT ALL APPLICANTS WILL BE TREATED ON THE BASIS OF MERIT AND ABILITY TO PERFORM THE JOB WITH ASSURANCE OF EQUAL OPPORTUNITY REGARDLESS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, DISABILITY, ANCESTRY, MARITAL STATUS, SEX OR AGE OR ANY OTHER PROTECTED CHARACTERISTIC.

PERSONAL DATA: (Please Print)

NAME (last, first, middle):		TODAY'S DATE:
ADDRESS (number, street, apt. no.):		
CITY:	STATE:	ZIP CODE:
HOME PHONE NO.:	MESSAGE PHONE:	CELL PHONE / E-MAIL:
LIST ANY RELATIVES CONTRACTED or EMPLOYED BY NAI		
HAVE YOU BEEN PREVIOUSLY CONTRACTED or EMPLOYED BY NAI?		HOW DID YOU LEARN OF THIS JOB OPENING?

NAME

POSITION DESIRED:

POSITION DESIRED:	OTHER POSITION(S) YOU FEEL YOU ARE QUALIFIED TO PERFORM:	DATE AVAILABLE:
HOURS AVAILABLE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM <input type="checkbox"/> TEMPORARY		EXPECTED PAY RATE:

PHYSICAL DATA:

ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CAN YOU OBTAIN A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ACCOMMODATIONS:

ARE THERE ANY FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING THAT YOU CANNOT PERFORM WITH OR WITHOUT ACCOMMODATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE FUNCTIONS YOU CANNOT PERFORM (if not familiar with functions, job description can be obtained from Human Resources):
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POSITION

WORK HISTORY:

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB IN THE PAST 10 YEARS? (An affirmative answer will not be an automatic bar to hiring.)
 YES NO IF YES, PLEASE EXPLAIN CIRCUMSTANCES:

MISCELLANEOUS:**CONVICTION OR ARREST:**

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES NO

If the answer is yes, it will not necessarily affect your possible job with Nicka & Associates, Inc. Factors such as date of offense, seriousness and nature of violation and rehabilitation will be taken into account. (In answering, do not list any conviction for which the record has been judicially ordered sealed, expunged or eradicated by statute. Convictions for marijuana related offenses that are more than two years old need not be listed.) IF THE ANSWER IS YES, PLEASE GIVE DATES AND DETAILS:

CERTIFICATION (ALL APPLICANTS)

I understand that a condition of hiring is my ability to provide documentation of eligibility to work in the United States in compliance with the Immigration Reform Act of 1986. I certify that the answers given by me to the foregoing statements are correct and without omissions. I authorize NAI to investigate the foregoing and any other information which might assist NAI in determining my qualifications for a job. I also authorize all persons and institutions, including my previous jobs and the schools that I have attended, to provide NAI with any information that it requests in connection with this investigation. I release NAI and my former jobs, persons contacted, and schools from all liability for any damage which may result from any such investigation. I understand that, if hired, false statements or omissions of material information from this application, or any other document submitted in connection with the hiring process, may result in my termination. I understand that this job application and any job offer are not to be construed as a guarantee of a job for a specific time. I further understand that my job is terminable at will, either by myself or NAI upon notice of one part to the other. This at will aspect of my hiring cannot be changed, waived or modified except by an express provision in an individual written job contract signed by me and the Chief Executive Officer.

I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supersede and replace any prior understandings or discussions I have had with NAI and set forth the complete agreement between me and NAI regarding these matters.

I certify that all information provided herein by me is true to the best of my knowledge.

DATE:

SIGNATURE:

EDUCATIONAL RECORD:

SELECT HIGHEST GRADE COMPLETED 1-4 5-7 8 9-11 12 13-15 16 17 OR MORE

TYPE OF SCHOOL	NAME & ADDRESS	DID YOU GRADUATE?	MAJOR DEGREE (if any)
HIGH SCHOOL			
JUNIOR COLLEGE			
COLLEGE OR UNIVERSITY			
COLLEGE OR UNIVERSITY			
BUSINESS OR TRADE SCHOOL			
NURSING SCHOOL			
OTHER			

ARE YOU PRESENTLY ATTENDING SCHOOL? YES NO

SKILLS:

SOFTWARE PROGRAMS:

MEDICAL TERMINOLOGY:

YES NO

OTHER SKILLS:

ARE YOU PRESENTLY WORKING? YES NO

MAY WE CONTACT YOUR PRESENT COMPANY? YES NO

WORK RECORD: (Major change in duties should be considered a different job and listed) INCLUDE PART TIME AND TEMPORARY

LIST PRESENT OR MOST RECENT JOB IN THIS SECTION			
BUSINESS NAME:		PHONE NO:	
ADDRESS (number, street, city, state, zip code):		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME AV. HRS. WKLY. _____
JOB TITLE:	IMMEDIATE SUPERVISOR:	HIRED	
		FROM: (MM/YY)	TO: (MM/YY)
NATURE OF DUTIES:			
NAME HIRED UNDER:		SALARY	
		START:	END:
REASON FOR LEAVING:			
LIST SECOND MOST RECENT JOB IN THIS SECTION			
BUSINESS NAME:		PHONE NO:	
ADDRESS (number, street, city, state, zip code):		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME AV. HRS. WKLY. _____
JOB TITLE:	IMMEDIATE SUPERVISOR:	HIRED	
		FROM: (MM/YY)	TO: (MM/YY)
NATURE OF DUTIES:			
NAME HIRED UNDER:		SALARY	
		START:	END:
REASON FOR LEAVING:			
LIST THIRD MOST RECENT JOB IN THIS SECTION			
BUSINESS NAME:		PHONE NO:	
ADDRESS (number, street, city, state, zip code):		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME AV. HRS. WKLY. _____
JOB TITLE:	IMMEDIATE SUPERVISOR:	HIRED	
		FROM: (MM/YY)	TO: (MM/YY)
NATURE OF DUTIES:			
NAME HIRED UNDER:		SALARY	
		START:	END:
REASON FOR LEAVING:			
LIST FOURTH MOST RECENT JOB IN THIS SECTION			
BUSINESS NAME:		PHONE NO:	
ADDRESS (number, street, city, state, zip code):		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME AV. HRS. WKLY. _____
JOB TITLE:	IMMEDIATE SUPERVISOR:	HIRED	
		FROM: (MM/YY)	TO: (MM/YY)
NATURE OF DUTIES:			
NAME HIRED UNDER:		SALARY	
		START:	END:
REASON FOR LEAVING:			