



JOB APPLICATION

POSITION AND APPLICANT INFORMATION

Application Date *	Desired Position *	Full Name *
Address *		
Home Phone	Mobile Phone *	Email *
Date of Birth	Social Security Number	Driver License Number

AVAILABILITY AND WORK PREFERENCES

Live In	Hourly	Available days / hours				
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Willing to work with pets in the home?				Yes	No	
Willing to perform pet care?				Yes	No	
Willing to work with a smoking patient/client?				Yes	No	
Do you have a car available for work?				Yes	No	
Are you willing to drive when the role requires it?				Yes	No	
How did you hear about NJ Care Nursing Services LLC?						

EMPLOYMENT HISTORY

Position	Dates	Company / Address	Phone	Supervisor	Reason for Leaving

EDUCATION

Level	School / Institution	Location	Course / Degree	Graduated?
High School				
College				
Other / Current				

CERTIFICATIONS AND PROFESSIONAL CATEGORIES

RN	LPN	HHA	CNA
Nursing Supervisor	Medical Social Worker	Dietitian	Occupational Therapist
Pharmacist	Speech Pathologist	Physical Therapist	Physician
DON / Clinical Manager	Other		

Certificate / License Type and Number	Issued By	Issue Date	Expiration Date	State / Jurisdiction

MILITARY SERVICE

Military veteran?	Yes	Branch	Years

Discharge status or other relevant details (optional)

PROFESSIONAL REFERENCES

Name	Business Address / Phone	Occupation / Title	Years Known
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EMPLOYMENT AND WORK READINESS

Disciplinary action in the last 12 months of prior employment?	Yes	No
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If yes, explain

Ever discharged or asked to resign from employment?	Yes	No
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If yes, explain

Previously applied to or worked for NJ Care Nursing Services LLC?	Yes	No
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If yes, explain

Friends, relatives, or acquaintances working for NJ Care?	Yes	No
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If yes, explain

Would you have reliable transportation to and from work?	Yes	No
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Are you at least 18 years old?	Yes	No
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Can you provide evidence of authorization to work in the United States?	Yes	No
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LANGUAGE INFORMATION

Do you speak, write, or understand languages other than English?

Yes

No

Languages and level of speaking, reading, or writing proficiency

SKILLS AND EXPERIENCE

Personal Care / ADL

Body Mechanics

Nutrition

Special Procedures

Elimination Procedures

Critical Care

Hoyer Lift

Emergency Management

Pediatric Care

Safety / Infection Control

Alzheimer / Dementia

Hospice

ADDITIONAL EXPERIENCE AND QUALIFICATIONS

Describe other experience, training, qualifications, or skills relevant to the position

EMERGENCY CONTACT

Name

Relationship

Phone

Address

APPLICANT STATEMENT

I certify that the information I provided in this application is true and complete to the best of my knowledge. I understand that submitting this application does not create an employment relationship or guarantee an interview or offer.

I have read and acknowledge the applicant statement above.

Applicant Initials *

Applicant Signature *

Date *

UPLOAD REMINDER

After completing and signing this form, save it as a PDF and upload it through the secure Job Application page on the official NJ Care Nursing Services LLC website. Do not email the completed application and do not upload unrelated documents. This application is not an emergency communication channel.