



Employment Application

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|---|--|--------------------------------------|--|--|
| Personal Data | Name: _____ (Last Name) (First Name) (Middle) (Maiden) | | | |
| | Address: _____ (Street Address) (City) (State) (Zip) | | | |
| | Permanent Mailing Address (if different than above): _____ (Street Address) (City) (State) (Zip) | | | |
| | Telephone Number: () _____ | Best time to call: _____ AM _____ PM | | |
| | Pager / Cellular Number: () _____ | Date of Birth: _____ | | |
| | Social Security Number: _____ | Place of Birth: _____ | | |
| | Driver's License Number: _____ | State: _____ Expires: _____ | | |
| Clinical Area Preferred: _____ Availability Date: _____ | | | | |
| Shift Preferences (List in order): 1) _____ 2) _____ 3) _____ | | | | |

| | | | |
|------------------|-----------------------------------|------------------------|-----------------------|
| Education | School Name & Location | Degree Obtained | Year Graduated |
| | High School: _____ | _____ | _____ |
| | College: _____ | _____ | _____ |
| | Nursing School: _____ | _____ | _____ |
| | Military Service Completed: _____ | Branch: _____ | |

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|----------------------|---------------------------------------|--------|---------|---|------------------|
| Certification | <u>Professional Licensure:</u> | | | <u>Experience/Certification:</u> | |
| | State | Number | Expires | Specialty Areas | Years Experience |
| | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ |
| | <u>Certification / CEU's:</u> | | | _____ | _____ |
| | | Date | Expires | _____ | _____ |
| CPR | _____ | _____ | _____ | _____ | |
| ACLS | _____ | _____ | _____ | _____ | |
| PALS | _____ | _____ | _____ | _____ | |
| NALS | _____ | _____ | _____ | _____ | |

| | | |
|----------------------|---|------------------------|
| Insurance | <u>ENCLOSE COPY OF POLICIES</u> | |
| | Professional liability insurance carrier: _____ | |
| | Policy Number: _____ | Expiration Date: _____ |
| | Malpractice Insurance: _____ | |
| Policy Number: _____ | Expiration Date: _____ | |



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| | | |
|------------------------|--|---------------------|
| References | Please list two (2) personal references, not related to you, who have known you at least two (2) years: | |
| | 1) Name _____ | Phone Number: _____ |
| | Mailing Address _____ | |
| | City, State, Zip _____ | |
| | 2) Name _____ | Phone Number _____ |
| | Mailing Address _____ | |
| City, State, Zip _____ | | |

| | | |
|--------------------------|--|---------------------|
| Emergency Contact | Do you have any physical/health limitations that might effect your ability to travel and practice as a nurse? | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach written explanation. | |
| | Persons to notify in case of emergency: | |
| | Name: _____ | Relationship: _____ |
| Telephone: _____ | | |
| Address: _____ | | |

Please answer the following questions:

_____ Have you ever worked as a Travel Nurse?

_____ Did you successfully complete your travel assignments?

If NO, attach a written explanation:

_____ Have you ever been dismissed from employment for drug use/addiction or ever been treated for drug use and addiction? If YES, attach a written explanation.

_____ Have you ever been hospitalized or applied for any disability in the past twelve (12) months? If YES, attach a written explanation.

_____ Have you ever been convicted of Medicare Fraud? If YES, attach a written explanation.

_____ Are you legally eligible for employment in the United States? If YES, and you are not U.S. citizen please provide the number of your Resident Alien or Work Authorization Card.

_____ Have you ever been convicted of a crime other than a routine traffic citation? If YES, attach a written explanation.

_____ Has your license been revoked or suspended in the past? _____ If YES, please attach a written explanation.

_____ Have you ever been charged with unresolved criminal charge(s)? (Crime not yet resulted in a guilty plea, court trial, deferred adjudication or dropping of the charge(s))? _____ If YES, attach a written explanation.

_____ Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? If YES, attach a written explanation.

[Convictions for marijuana related offenses that are more than two years old need not be listed.] Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for, may however, be considered.

Please attach copies of RN licensure, any specialty certification or continuing education within the past 2 years, malpractice policy, resume (CV), valid identification or passport, and signed authorization for references.

I certify that the above information are true and correct to the best of my knowledge. I authorized the company mentioned above to review the information set forth in this application, including references and to release information to the necessary client institution.

_____ **Applicant's Signature** _____ **Date** _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND DO NOT DISCRIMINATE AGAINST NATIONAL ORIGIN, RELIGION, AGE, COLOR, SEX, RACE OR PHYSICALLY HANDICAPPED. THIS AGREEMENT DOES NOT BIND EITHER PARTY TO ANY SPECIFIC PERIOD OF EMPLOYMENT.