

# APPLICATION



Please enter your full legal name as it appears on your Social Security Card

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Name                                      Social Security No.

Current Address: \_\_\_\_\_  
    Street Address                                      City                                      State/Province      Zip/Postal Code      Country

Permanent Address (if different): \_\_\_\_\_  
    Street Address                                      City                                      State/Province      Zip/Postal Code      Country

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best time/day to reach you: \_\_\_\_\_

Other names under which you have been employed: \_\_\_\_\_

Discipline: \_\_\_\_\_ Other/Secondary Discipline: \_\_\_\_\_

Current Specialty: \_\_\_\_\_ Other/Secondary Specialty: \_\_\_\_\_

How did you hear about us?     Internet     Magazine     Convention     Referral    Other: \_\_\_\_\_

Date available to work: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
 Street Address                                      City                                      State/Province                      Zip/Postal Code                      Country

**LICENSURE** (Include photocopies of licenses held.)

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ State/Province: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ State/Province: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**CERTIFICATION** (Include photocopies of certification held.)

- ACLS    Exp. Date: \_\_\_\_\_     CNOR    Exp. Date: \_\_\_\_\_     NRP    Exp. Date: \_\_\_\_\_
- BLS    Exp. Date: \_\_\_\_\_     CNRN    Exp. Date: \_\_\_\_\_     PALS    Exp. Date: \_\_\_\_\_
- CCRN    Exp. Date: \_\_\_\_\_     ENPC    Exp. Date: \_\_\_\_\_     RNC    Exp. Date: \_\_\_\_\_
- CEN    Exp. Date: \_\_\_\_\_     FHM    Exp. Date: \_\_\_\_\_     TNCC    Exp. Date: \_\_\_\_\_
- CHEMO    Exp. Date: \_\_\_\_\_    Other: \_\_\_\_\_    Exp. Date: \_\_\_\_\_

Have you passed the NCLEX?     Yes     No

Has your license or certification ever been investigated or suspended?     Yes     No

Have you ever been convicted of a crime other than a minor traffic violation?     Yes     No

Driving under the influence is not considered a minor traffic violation. Exceptions due to state employment law: Conviction(s) that have been sealed, expunged, or eradicated and California Health & Safety Code §§11357 (b) & (c), 11360(c), 11364, 11365, 11550 marijuana-related convictions over 2 years old, should not be revealed.

Have you ever been named as a defendant in a professional liability action?     Yes     No

If you responded "Yes" to any of the above, please attach a separate sheet with explanation.

Are you either a U.S. Citizen or can you submit verification of your legal right to work in the U.S.?     Yes     No

If you will be employed on a visa, please specify type of work visa: \_\_\_\_\_

EDUCATION	Name and Location of School	Graduation Date	Diplomas/Degrees Received
College	-----		
Graduate School	-----		
Other School (if applicable)	-----		

# EMPLOYMENT PROFILE

Applicant's Name: \_\_\_\_\_

Please indicate all of your employment for the past ten (10) years, beginning with your most recent employer. Please list each facility in which you have worked.

Are you employed now?  Yes  No

If so, may we contact your present employer?  Yes  No

Facility/Employer Name: \_\_\_\_\_ Unit/Floor/Dept.: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Discipline: \_\_\_\_\_ Unit Specialty: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_  
Other Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Travel Assignment?  Yes  No Travel Company: \_\_\_\_\_ Local Staff Agency?  Yes  No

Facility/Employer Name: \_\_\_\_\_ Unit/Floor/Dept.: \_\_\_\_\_  
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Travel Assignment?  Yes  No Travel Company: \_\_\_\_\_ Local Staff Agency?  Yes  No

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Other Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Travel Assignment?  Yes  No Travel Company: \_\_\_\_\_ Local Staff Agency?  Yes  No

Please document reasons for periods you were not employed.

I attest that I am the applicant and the information provided in this application is complete and accurate, to the best of my knowledge. Providing incomplete or inaccurate information may result in disqualification from the program, and may be a violation of state law(s) that could result in civil penalties. The Company is authorized to obtain information from my current and previous employers, and to release information in support of my application (application, references, background search results, etc.) to the Company's client institutions. The Company may also share information regarding applicant's employment with its affiliates and appropriate governmental or licensing entities; and send me employment opportunity-related information at fax numbers or email addresses that I provide. I understand that the Company, certain states and/or Client institutions may require criminal background checks, and I consent to such checks. Prior to conducting any background checks that qualify as consumer or investigative consumer reports, I will be provided, and will return, separate disclosure and acknowledgement forms as required by the Company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EMPLOYMENT PROFILE

Applicant's Name: \_\_\_\_\_

Complete for any positions you have held for the past ten (10) years.

Facility/Employer Name: \_\_\_\_\_ Unit/Floor/Dept.: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
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# EMPLOYMENT PROFILE

Applicant's Name: \_\_\_\_\_

Complete for any positions you have held for the past ten (10) years.

Facility/Employer Name: \_\_\_\_\_ Unit/Floor/Dept.: \_\_\_\_\_  
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