



PERSONNEL APPLICATION

YOUR PROFESSIONAL DESIGNATION _____

Date of Application: _____ Social Security #: _____

Professional Specialty: _____

Last Name: _____ First Name: _____ Middle: _____

Maiden Name: _____

PERMANENT ADDRESS:

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

E Mail Address: _____

Are you at least 18 years old? YES NO

Name of emergency contact: _____

Relationship to emergency contact: _____

Phone number to emergency contact: _____

Do you have access to a car? YES NO

Do you have a driver's license? YES NO

Driver License #: _____ State: _____ Expiration Date: _____

Have you ever been convicted of a crime other than a traffic violation? YES NO

(A conviction will not necessarily disqualify an applicant from employment)

If yes, please explain:



PERSONNEL APPLICATION (Cont'd)

Professional License #: _____ State: _____ Expiration Date: _____
_____ State: _____ Expiration Date: _____
_____ State: _____ Expiration Date: _____

Do you have Professional Liability Insurance? [] YES [] NO

If yes, who is the Carrier? _____ What is the amount of coverage? _____

Have you ever been bonded? [] YES [] NO

How were you referred to Medical Staffing Resource?

[] Newspaper: _____ [] Web Site: _____ [] Other: _____

I am fluent in the following languages: _____

Other Comments: _____

WORKING SPECIFICATIONS

Per Diem _____
Travel Contract _____
Local Contract _____

What shifts ARE you available to work (please check all that apply). By checking the boxes below, it does not commit you to only those shifts.

[] 7a-3 p [] 3p-11p [] 11p-7a [] 7a-7p [] 7p-7a [] OTHER: _____

What days ARE you available to work (please check all that apply). By checking the boxes below, it does not commit you to only those days.

[] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday [] Sunday

Are you available to work on some Holidays? [] YES [] NO

If yes, what holidays do you prefer to work?

Medical Staffing RESOURCE™

PERSONNEL APPLICATION (Cont'd)

SPECIALTIES PREFERRED:

Please check all that apply:

- | | | | | |
|-----------------------------------|-----------------------------------|-------------------------------------|---|---------------------------------|
| <input type="checkbox"/> MED/SURG | <input type="checkbox"/> TELE | <input type="checkbox"/> ICU/CCU | <input type="checkbox"/> OPEN HEART | <input type="checkbox"/> PICU |
| <input type="checkbox"/> ER | <input type="checkbox"/> ONCOLOGY | <input type="checkbox"/> OR | <input type="checkbox"/> L&D | <input type="checkbox"/> OB/GYN |
| <input type="checkbox"/> IV | <input type="checkbox"/> VENTS | <input type="checkbox"/> SUPERVISOR | <input type="checkbox"/> LONG TERM CARE | |

OTHER AREAS OF INTEREST:

Please check all of the certifications that currently apply and provide expirations dates:

- CPR: _____ ACLS: _____ PALS: _____ NNRP: _____
 CCRN: _____ CEN: _____ TNCC: _____ OCN: _____
 Other: _____

EDUCATION	HIGH SCHOOL	COLLEGE	OTHER
School Name, City State			
Your Last Name While Attending			
Did You Graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Dates Attended</u> Month/Year			
Degree or Major			



PERSONNEL APPLICATION (Cont'd)

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job is attached. Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

YES NO

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that, in the event of employment, false or misleading information given in my application of interview may result in discharge.

I authorize investigation of all references and statements contained in the application for employment as may be necessary in arriving at an employment decision.

I understand that after meeting all other job pre-requisites and after I am offered a job, employment will be contingent upon the satisfactory outcome of a medical examination.

I understand that if I am offered employment, I will be working for Medical Staffing Resource, Inc., on its payroll, at the client's premises.

I understand that Medical Staffing Resource, Inc. may terminate my employment at anytime, without liability for wages and salary, beyond what has been earned by me at the date of such termination.

Applicant's Signature

Date

Date of Birth