



EMPLOYMENT APPLICATION

Name _____ Home Tel. () _____
Street Address _____ Cellular () _____
City, State, Zip _____ Emergency Contact () _____
Social Security No. _____ E-Mail _____
Position Applying For: _____ ~ Referred By: _____

Specialty: *(Nurse Practitioner, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist, RN, LPN, Physical Therapist, PT Assistant, Occupational Therapist, COTA, Speech Pathologist, Respiratory Therapist, Medical Administration, Medical Technologist, Medical Assistant, Healthcare Technician, Other)*

WORK HISTORY:

Current or Last Employer _____ Tel. () _____
Street Address _____ Supervisor _____
City, State, Zip _____ Job Title _____
Salary _____ Dates Worked – From _____ To _____ Name Used While Employed _____
Reason for Leaving _____ Duties _____

May We Contact This Employer To Obtain Reference? ~ Yes ~ No

Prior Employer _____ Tel. () _____
Street Address _____ Supervisor _____
City, State, Zip _____ Job Title _____
Salary _____ Dates Worked – From _____ To _____ Name Used While Employed _____
Reason for Leaving _____ Duties _____

EDUCATION:

Name of High School _____
Street Address _____

Check Highest Grade Completed:
~ 9 ~ 10 ~ 11 ~ 12

City, State, Zip _____

Name of College or Nursing School _____

Name Used While Attending _____

Street Address _____

Degree/Course/Certificate _____

City, State, Zip _____

Date Received _____

Were You Ever Convicted Of A Crime? ~ Yes ~ No

If Yes, Please

Explain _____

* Criminal conviction (s) will not automatically disqualify an applicant from employment with (insert agency name)

PLEASE READ AND SIGN

I hereby authorize US Medical Staffing, Inc., and also authorize and request each former employer and person, firm or corporation given as a reference to answer all questions that may be asked and give all information that may be sought in connection with this application specifically concerning my work, skill or my professional action in any transaction. My employment with US Medical Staffing, Inc. will not begin until such references are received.

I agree, in consideration of your employing me that I will not seek or accept employment from any client of US Medical Staffing, Inc. without first obtaining permission from US Medical Staffing, Inc.. I understand that if I am in violation of this agreement, I am subject to legal action and monetary damages.

I understand that this employment application is not a contract and that if hired, my employment with US Medical Staffing, Inc. can be terminated with or without cause, and with or without notice, at any time, at the option of US Medical Staffing, Inc. I also understand that any and all benefits received pursuant to employment with US Medical Staffing, Inc. may be changed or eliminated at will without prior notice.

I consent to having a background check done on my history, including a social security number verification, and I understand that my employment might hinge on this check, including termination if after I am hired, US Medical Staffing, Inc. acquires information that precluded my hire.

I understand that all applicants are required to undergo screening for the presence of illegal drugs or alcohol as a condition of employment at US Medical Staffing, Inc. I will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company and by signing this consent agreement I release US Medical Staffing, Inc. from liability. I understand that with positive test results I will be denied employment at this time, but I may initiate another inquiry with US Medical Staffing, Inc., after 6 months. US Medical Staffing, Inc. will not discriminate against applicants for employment because of past abuse of alcohol/drugs. Neither will US Medical Staffing, Inc. tolerate the current abuse of alcohol/drugs. I may also be asked to voluntarily submit to urinalysis tests for Cause/Post Incident Screening, Post Accident Screening and at the request of any client prior to starting an assignment.

I authorize US Medical Staffing, Inc. to copy and forward my personnel file contents to any and all agencies which require this of US Medical Staffing, Inc.. I hereby certify that all of the above information is true and correct. I understand that any misrepresentation or false information given on this application will result in rejection or termination of employment.

