



Identifying Information

Last Name, First Name, Middle Name, Social Security No., Current Address, Permanent Address, Home Phone, Work Phone, Cell Phone, Email Address, Other names you have been employed under, Discipline, Other/Secondary Discipline, How did you hear about us?, Date Available to work, Name of Emergency Contact, Relationship, Phone, Street Address, City, State/Province, Zip/Postal Code, Country, Are you a U.S. citizen?, If no, can you submit verification of your legal right to work in the U.S.

Professional License & Certification Information

Licensure (Include photocopies of licenses held)

License Type, License Number, State/Province, Exp. Date

Certifications (Include photocopies of certifications held)

Grid of certification options including ACLS, ARRT (VIT), NRP, etc. with Exp. Date fields.

Education

School Name/Institution, City, State, Date of Graduation, Degree/Certifications, Honors Received

**Education continued**

School Name/Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Degree/Certifications \_\_\_\_\_ Honors Received \_\_\_\_\_

School Name/Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Degree/Certifications \_\_\_\_\_ Honors Received \_\_\_\_\_

**Employment History**

Please list 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 currently 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: \_\_\_\_\_

Travel Assignment?  Yes  No Travel Company: \_\_\_\_\_ Local Staff Agency?  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: \_\_\_\_\_

Travel Assignment?  Yes  No Travel Company: \_\_\_\_\_ Local Staff Agency?  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: \_\_\_\_\_

Travel Assignment?  Yes  No Travel Company: \_\_\_\_\_ Local Staff Agency?  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: \_\_\_\_\_

Travel Assignment?  Yes  No Travel Company: \_\_\_\_\_ Local Staff Agency?  Yes  No

**Employment History continued**

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: \_\_\_\_\_

Travel Assignment?  Yes  No Travel Company: \_\_\_\_\_ Local Staff Agency?  Yes  No

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

If yes, please explain \_\_\_\_\_

*Driving under the influence is not considered a minor traffic violation. Exceptions due to state employment law: Convictions 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 had a license or certification investigated, suspended, or revoked?  Yes  No

If yes, please explain \_\_\_\_\_

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

If yes, please explain \_\_\_\_\_

Do you have any restrictions that would prevent you from performing essential functions in the position you are applying for?  Yes  No

If yes, please explain \_\_\_\_\_

Do you have at least one year of working experience in your discipline/specialty?  Yes  No

If no, please explain \_\_\_\_\_

Please list a minimum of three supervisors as professional references with whom you have worked in the past two years and who will confirm a more detailed reference of your specific medical abilities.

<b>1. Name &amp; Facility</b>	<b>Position</b>	<b>Association</b>	<b>Phone</b>
<b>Specialty</b>	<b>City, State</b>	<b>Zip</b>	<b>Email address</b>
<b>2. Name &amp; Facility</b>	<b>Position</b>	<b>Association</b>	<b>Phone</b>
<b>Specialty</b>	<b>City, State</b>	<b>Zip</b>	<b>Email address</b>
<b>3 Name &amp; Facility</b>	<b>Position</b>	<b>Association</b>	<b>Phone</b>
<b>Specialty</b>	<b>City, State</b>	<b>Zip</b>	<b>Email address</b>
<b>4. Name &amp; Facility</b>	<b>Position</b>	<b>Association</b>	<b>Phone</b>
<b>Specialty</b>	<b>City, State</b>	<b>Zip</b>	<b>Email address</b>

By signing/electronically signing below, I attest that all statements in this application are true and accurate to the best of my knowledge. I understand that any falsification could lead to disciplinary action and/or termination of employment. I authorize Next Medical Staffing to contact past employers and references in order to verify the information I have provided. I release all such persons from liability for furnishing said information. I authorize Next Medical Staffing to release a copy of this application and any medical information which may be relevant to my employment to their client facilities.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Name and Title (print)**