

APPLICATION

For Health Care Positions delegated by Professional Staffing, Inc.

(Please Print or Type)

Position(s) Desired _____

Name _____

Last First Middle Social Security Number

Present Address _____

Street (Area Code) Telephone

City State Zip Code

E-mail Address (If available) _____

List, in order of preference, the shifts, facilities and/or positions for which you are applying:

1. _____ 2. _____ 3. _____

LICENSE (List all areas in which you hold valid Health Care certificate. Note: Applicants holding a certificate from another state must obtain a license to work in the state in which you want to be employed in.)		
Area of License	Issuing State	Date Issued

DATE AVAILABLE FOR EMPLOYMENT _____

WHAT DAYS ARE YOU AVAILABLE TO WORK? _____

If you are employed as a substitute are you interested in LONG TERM _____ SHORT TERM _____

EDUCATIONAL BACKGROUND

	School or Institution and Location	Major/Minor	Diplomas or Credits Earned	Grade Point Average (GPA)
High School				
College/University				
College/University				
Graduate Study				
Other				

EXPERIENCE

(Present or Most Recent First)

Dates	Name of Employer and Address		Your Title
From			
To			
	(Area Code)		
	Telephone:		
	Work Performed:	Reason for Leaving:	
Supervisor:		Final Salary:	

EXPERIENCE

(Present or Most Recent First)

Dates	Name of Employer and Address			Your Title
From				
To				
		(Area Code) Telephone:		
	Work Performed:		Reason for Leaving:	
Supervisor:			Final Salary:	

EXPERIENCE

(Present or Most Recent First)

Dates	Name of Employer and Address			Your Title
From				
To				
		(Area Code) Telephone:		
	Work Performed:		Reason for Leaving:	
Supervisor:			Final Salary:	

Please list activities that you are qualified to supervise or coach:

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List your additional work experience:

Employers	Position Held	1. Date of Employment 2. Name of Contact person
		1. 2.
		1. 2.
		1. 2.

REFERENCES

References should include supervisors, co-workers, ect. who have first-hand knowledge of your professional competence and your personal qualifications. Experienced nurses should include the supervisors of the two most recent facilities in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

NAME	POSITION	ADDRESS	TELEPHONE

OTHER QUALIFICATIONS

<p>Summarize special job-related skills and qualifications acquired from employment or other experiences. Any information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:</p>

BACKGROUND CHECK

Please complete the following questions. If you answer “Yes” to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense does not prevent employment in all cases. Every case is evaluated on its individual merits. All answers will be verified with appropriate police records.

Criminal Offense: felonies, misdemeanors, summary offenses and convictions resulting from a plea of no contest.

Conviction: any adjudication of guilt as determined by the court, a district justice or a magistrate, which results in a fine, sentence or probation.

Please omit any minor traffic violations, offenses committed before you turned 18 years of age.

1. Have you ever been convicted of a criminal offense? Yes No
2. Are you currently under charges for a criminal offense? Yes No
3. Have you ever forfeited bond or collateral in connection with a criminal offense? Yes No
4. Within the last ten years, have you been fired from any job for any reason? Yes No
5. Within the last ten years, have you quit a job after being notified that you would be fired? Yes No
6. Have you ever been professionally disciplined in any state? Yes No
7. Are you subject to any visa or immigration status, which would prevent lawful employment? Yes No
8. Have you ever been barred from practice at any time? Yes No
9. Has your professional license ever undergone investigation, suspension or revocation? Yes No
10. Have you ever been a defendant in Malpractice litigation? Yes No
11. Are you under a physician’s care or taking medications now? Yes No

NOTE: If you answered “Yes” to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application or complete the space below for on-line applications. Please print and sign your name on the sheet, and include your social security number.

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and all statements are made in good faith. I understand that any misrepresentation of information will result in the following: (1) rejection of application, (2) no further options of employment, (3) your name placed on the agency list of non-employable.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that supervisors of my prior employment regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this agency. I am authorizing officials of Professional Staffing, Inc. to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to Professional Staffing, Inc., including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

Date

Signature of Candidate (in ink)
Must be original

Professional Staffing, Inc. shall not discriminate in their employment programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting Professional Staffing Human Resources.