

Application for Employment

INSTRUCTIONS: In order to expedite your application, please complete all areas of this document. Falsification or omission or provision of false information is grounds for rejections of application or dismissal, if hired, and reportable to State Licensing Boards.

NAME: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ MESSAGE PHONE: _____

SHIFT PREFERENCES: _____ DATE AVAILABLE: _____

Clinical Area	Years Experience	Clinical Area	Years Experience	Clinical Area	Years Experience

List specialty areas in which you have the most experience:

- 1) _____ 2) _____
3) _____ 4) _____

Have you ever work as a traveler? Yes No
If yes, did you successfully complete each travel assignment accepted? Yes No
If no, please explain on a separate sheet and include a name and telephone number of an official who can verify this information.

Do you have reliable transportation? Yes No

State Board/Certification Exam Passed:		Original State of Licensure: () N/A	
Education/School Name:	City/State	Graduated	Degree/Certification

Licenses (list original first then all others)		
State:	License Number:	Expiration Date:

Certifications: (please include a copy)	Expiration Date:
BLS	
ACLS	
BCLS	
PALS	
Other (please specify)	

Have you every had disciplinary action taken against your nursing license or are you currently the subject of a report or under investigation? Yes No If yes, please explain on a separate sheet.

Have you ever applied or worked for Elitecare Medical Staffing LLC before? Yes No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No
If yes, state the nature of the crime(s), when and where convicted, and disposition of the case.

Name: _____

EMPLOYMENT HISTORY: List the most recent employment first. Account for all time from the present to the month/year that you passed State Boards. Use additional sheets as necessary. Do not omit any position. If there was a problem, please explain on a separate sheet. Enter agency if you worked PN or Travel Positions. Explain all breaks in employment and provide verification.

Date Employed: _____ to _____ Agency: _____ Phone: _____

Facility: _____ City: _____ State: _____ ZIP: _____ Full-time? Yes No

Position: _____ Unit: _____ # of Beds: _____ Shift: _____ N/P Ratio: _____ Charge exp.? Yes No

Immediate Supervisor: _____ Phone: _____ Eligible for rehire? Yes No

Date Employed: _____ to _____ Agency: _____ Phone: _____

Facility: _____ City: _____ State: _____ ZIP: _____ Full-time? Yes No

Position: _____ Unit: _____ # of Beds: _____ Shift: _____ N/P Ratio: _____ Charge exp.? Yes No

Immediate Supervisor: _____ Phone: _____ Eligible for rehire? Yes No

Date Employed: _____ to _____ Agency: _____ Phone: _____

Facility: _____ City: _____ State: _____ ZIP: _____ Full-time? Yes No

Position: _____ Unit: _____ # of Beds: _____ Shift: _____ N/P Ratio: _____ Charge exp.? Yes No

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Date Employed: _____ to _____ Agency: _____ Phone: _____

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Position: _____ Unit: _____ # of Beds: _____ Shift: _____ N/P Ratio: _____ Charge exp.? Yes No

Immediate Supervisor: _____ Phone: _____ Eligible for rehire? Yes No

Date Employed: _____ to _____ Agency: _____ Phone: _____

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Position: _____ Unit: _____ # of Beds: _____ Shift: _____ N/P Ratio: _____ Charge exp.? Yes No

Immediate Supervisor: _____ Phone: _____ Eligible for rehire? Yes No

Date Employed: _____ to _____ Agency: _____ Phone: _____

Facility: _____ City: _____ State: _____ ZIP: _____ Full-time? Yes No

Position: _____ Unit: _____ # of Beds: _____ Shift: _____ N/P Ratio: _____ Charge exp.? Yes No

Immediate Supervisor: _____ Phone: _____ Eligible for rehire? Yes No

Name: _____

Please read carefully, initial each paragraph and sign below.

Initial

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate termination if I am employed, regardless of the time elapsed before the discovery and reported to the State Licensing Board(s).

Initial

I hereby authorize Elitecare Medical Staffing LLC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Elitecare Medical Staffing LLC any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Elitecare Medical Staffing LLC, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initial

Elitecare Medical Staffing LLC is an at-will employer. I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Elitecare Medical Staffing LLC. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Elitecare Medical Staffing LLC and that no promises or representations contrary to the foregoing are binding on Elitecare Medical Staffing LLC unless made in writing and signed by me and the President of Elitecare Medical Staffing LLC.

Initial

As a healthcare provider (i.e. RN, LVN, CNA, etc.) I certify that I am free from infectious/contagious disease(s), that I am free from alcohol/drugs and that I am able without limitation; perform all the duties of a healthcare provider.

Applicant Signature: _____

Date: _____