



Medical Staffing Solutions

"The Solution to your Staffing Needs"



APPLICATION

Please enter your full legal name as it appears on your Social Security Card

_____/_____/_____
Last name First name Middle name Social security number

Current Address: _____
Street Address City State/Province Zip/Postal code Country

Permanent Address: _____
(If different) Street address City State/Province Zip/Postal code Country

Home phone: (_____) _____ Work phone: (_____) _____ Mobile phone: (_____) _____

Email Address: _____ Best time/day to reach you: _____

Other names under which you have been employed: _____

Local or travel assignment? _____ Discipline: _____ Other/Secondary discipline: _____

Have you worked at MSS before? Yes No (If yes, when)? _____ Current Specialty: _____ Secondary specialty: _____

How did you hear about us: Internet Advertisement Convention Referral (by?) Other: _____

LICENSURE (include photocopies of licenses held)

License Type: _____ License Number: _____ State/Province: _____ Expiration Date: _____

License Type: _____ License Number: _____ State/Province: _____ Expiration Date: _____

CERTIFICATION (include photocopies of certification held)

ACLS Exp. Date: _____ CNOR Exp. Date: _____ NRP Exp. Date: _____
 BLS Exp. Date: _____ CNRN Exp. Date: _____ PALS Exp. Date: _____
 CCRN Exp. Date: _____ ENPC Exp. Date: _____ RNC Exp. Date: _____
 CEN Exp. Date: _____ FHM Exp. Date: _____ TNCC Exp. Date: _____
 CHEMO Exp. Date: _____ Other: _____ Exp. Date: _____

Have you passed the NCLEX? Yes No

1. Has your license or certification ever been investigated or suspended? Yes No

2. Have you ever been convicted of a crime? (including theft, a drug related crime, and/or a felony) Yes No

Please exclude minor traffic violations. Driving under the influence is NOT considered a minor traffic violation. Exceptions due to state employment law: Conviction(s) 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.

3. If yes to 2, please list state/county that you were arrested in: _____

4. Have you been named as a defendant in a professional liability action? Yes No

5. Have you ever been terminated, suspended or discharged by any previous employer? Yes No

If you responded "yes" to any of the above, please explain _____

6. Are you either a U.S. Citizen or can you submit verification of your legal right to work in the U.S.? Yes No

7. If you will be employed on a visa, please specify type of work visa: _____

EDUCATION	Name & Location of School	Graduation Date	Diplomas/Degrees Received
College	_____ Location: _____	_____	_____
Graduate School	_____ Location: _____	_____	_____
Other School (if applicable)	_____ Location: _____	_____	_____

AVAILABILITY

When can you start? _____ Salary desired: \$ _____ /per hour

Are you currently employed? Yes No if so, may we contact your employer? Yes No

TRAVEL

Have you taken a travel assignment before? Yes No Location: _____ Length of assignment: _____

Location: _____ Length of assignment: _____ / Location: _____ Length of assignment: _____

Did you complete all of your assignments? Yes No If no, please explain: _____

What geographical area are you looking for? _____

What type of healthcare setting do you desire? _____ What length of assignment do you desire? _____
(Hospital, LTC, Home Health, Clinic, etc.)

REFERENCES List at least three (3) - Co-workers & former supervisors preferred

Name	Relationship / Phone	Position title	Years known
	Phone: ()		
	Phone: ()		
	Phone: ()		

CONFIDENTIALITY AGREEMENT

In the event I am hired by MSS, except as authorized by any client to which I am assigned, I will not disclose, use, or take directly or indirectly, either during or after my assignment, any property of the client or confidential or proprietary information concerning the client and/or its business. I will be compliant with all rules, regulations and requests of the HIPAA education booklet. I also agree to deliver promptly to the client (on request or on the date of termination of my assignment) all documents, copies thereof, and other materials relating to confidential or proprietary information that are the property of the client.

AGREED-UPON CONDITIONS OF EMPLOYMENT

I understand that employment at MSS is at will, meaning that I or MSS may terminate the employment relationship at any time for any lawful reason with or without notice. I acknowledge that any false, incomplete, or misleading information that I provide on the application form, in a resume, or in a pre-employment interview will be grounds to deny my application or, if discovered later, for immediate dismissal from employment with MSS. In consideration for my employment by MSS, I agree that during any assignment by MSS and for a period of 180 days following the completion of my last assignment through MSS, I will not (1) accept employment by or perform services for any client of MSS to whom I have been assigned by MSS, without prior written consent of MSS. In consideration for my assignment to MSS clients, I agree that I am solely an employee of MSS for benefits plan purposes and that I am eligible only for such employee benefits as MSS may offer to its employees. I understand and agree that I am not eligible for or entitled to benefits provided by clients, regardless of the length of my assignment at client and regardless of whether I am found to be a common law employee of MSS client for any purpose. Therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have to such benefits and agree not to make any claim of such benefits.

Date: _____ Signature: _____

EMERGENCY CONTACTS In case of an emergency please list two (2) individuals you would like us to contact. They will be called in the order listed

Name	Relationship	Cell Phone	Home Phone	Other Contact

WORK HISTORY

Applicant's Name: _____

Please indicate all of your employment for the past ten (10) years

Most recent employer: _____ Business phone: (____) _____

Dates employed: From: ____/____/____ To: ____/____/____ May we contact? Yes No

Employer address: _____
Street address City State/Province Zip/Postal code Country

Position held / Brief description: _____ Specialty / Unit: _____

Number of beds: _____ Charge experience? Yes No If charge experience, how long? _____

Immediate supervisor: _____ Title: _____ Average patient ratio: ____:____

Reason for leaving (explain any terminations): _____

2nd most recent employer: _____ Business phone: (____) _____

Dates employed: From: ____/____/____ To: ____/____/____ May we contact? Yes No

Employer address: _____
Street address City State/Province Zip/Postal code Country

Position held / Brief description: _____ Specialty / Unit: _____

Number of beds: _____ Charge experience? Yes No If charge experience, how long? _____

Immediate supervisor: _____ Title: _____ Average patient ratio: ____:____

Reason for leaving (explain any terminations): _____

3rd most recent employer: _____ Business phone: (____) _____

Dates employed: From: ____/____/____ To: ____/____/____ May we contact? Yes No

Employer address: _____
Street address City State/Province Zip/Postal code Country

Position held / Brief description: _____ Specialty / Unit: _____

Number of beds: _____ Charge experience? Yes No If charge experience, how long? _____

Immediate supervisor: _____ Title: _____ Average patient ratio: ____:____

Reason for leaving (explain any terminations): _____

Please note: By submitting the information in this application you are certifying the facts contained in this application are true and complete to the best of your knowledge and understand, if employed by MSS, that falsified statements on the application shall be grounds for dismissal. All information you submit to MSS, both on this application and through other means, will be held in complete confidence by Medical Staffing Solutions, LLC. Under no circumstances will we share your personal information with any other company or person. We will secure your written permission before initiating any background checks.

Date: _____ Signature: _____

**List any additional employers over the past ten (10) years on the next page*

WORK HISTORY CONTINUED...

Applicant's Name: _____

4th most recent employer: _____ Business phone: (_____) _____

Dates employed: From: ____/____/____ To: ____/____/____ May we contact? Yes No

Employer address: _____
Street address City State/Province Zip/Postal code Country

Position held / Brief description: _____ Specialty / Unit: _____

Number of beds: _____ Charge experience? Yes No If charge experience, how long? _____

Immediate supervisor: _____ Title: _____ Average patient ratio: ____:____

Reason for leaving (explain any terminations): _____

5th most recent employer: _____ Business phone: (_____) _____

Dates employed: From: ____/____/____ To: ____/____/____ May we contact? Yes No

Employer address: _____
Street address City State/Province Zip/Postal code Country

Position held / Brief description: _____ Specialty / Unit: _____

Number of beds: _____ Charge experience? Yes No If charge experience, how long? _____

Immediate supervisor: _____ Title: _____ Average patient ratio: ____:____

Reason for leaving (explain any terminations): _____

6th most recent employer: _____ Business phone: (_____) _____

Dates employed: From: ____/____/____ To: ____/____/____ May we contact? Yes No

Employer address: _____
Street address City State/Province Zip/Postal code Country

Position held / Brief description: _____ Specialty / Unit: _____

Number of beds: _____ Charge experience? Yes No If charge experience, how long? _____

Immediate supervisor: _____ Title: _____ Average patient ratio: ____:____

Reason for leaving (explain any terminations): _____

7th most recent employer: _____ Business phone: (_____) _____

Dates employed: From: ____/____/____ To: ____/____/____ May we contact? Yes No

Employer address: _____
Street address City State/Province Zip/Postal code Country

Position held / Brief description: _____ Specialty / Unit: _____

Number of beds: _____ Charge experience? Yes No If charge experience, how long? _____

Immediate supervisor: _____ Title: _____ Average patient ratio: ____:____

Reason for leaving (explain any terminations): _____

**List any additional employers over the past ten (10) years on separate sheet*