



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 County

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

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, BLS, CCRN, CEN, CHEMO, CNOR, CNRN, ENPC, FHM, NRP, PALS, RNC, TNCC. Includes expiration dates and an 'Other' field.

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:

Table with 4 columns: EDUCATION, Name & Location of School, Graduation Date, Diplomas/Degrees Received. Rows for College, Graduate School, and Other School (if applicable).

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of pay: \$\_\_\_\_\_ May we contact?  Yes  No

Employer address: \_\_\_\_\_  
Street address City State/Province Zip/Postal code County

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): \_\_\_\_\_

**2<sup>nd</sup> most recent employer:** \_\_\_\_\_ Business phone: (\_\_\_\_\_) \_\_\_\_\_

Dates employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of pay: \$\_\_\_\_\_ May we contact?  Yes  No

Employer address: \_\_\_\_\_  
Street address City State/Province Zip/Postal code County

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): \_\_\_\_\_

**3<sup>rd</sup> most recent employer:** \_\_\_\_\_ Business phone: (\_\_\_\_\_) \_\_\_\_\_

Dates employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of pay: \$\_\_\_\_\_ May we contact?  Yes  No

Employer address: \_\_\_\_\_  
Street address City State/Province Zip/Postal code County

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: \_\_\_\_\_

**4<sup>th</sup> most recent employer:** \_\_\_\_\_ Business phone: (\_\_\_\_\_) \_\_\_\_\_

Dates employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of pay: \$\_\_\_\_\_ May we contact?  Yes  No

Employer address: \_\_\_\_\_  
Street address City State/Province Zip/Postal code County

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): \_\_\_\_\_

**5<sup>th</sup> most recent employer:** \_\_\_\_\_ Business phone: (\_\_\_\_\_) \_\_\_\_\_

Dates employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of pay: \$\_\_\_\_\_ May we contact?  Yes  No

Employer address: \_\_\_\_\_  
Street address City State/Province Zip/Postal code County

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): \_\_\_\_\_

**6<sup>th</sup> most recent employer:** \_\_\_\_\_ Business phone: (\_\_\_\_\_) \_\_\_\_\_

Dates employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of pay: \$\_\_\_\_\_ May we contact?  Yes  No

Employer address: \_\_\_\_\_  
Street address City State/Province Zip/Postal code County

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): \_\_\_\_\_

**7<sup>th</sup> most recent employer:** \_\_\_\_\_ Business phone: (\_\_\_\_\_) \_\_\_\_\_

Dates employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of pay: \$\_\_\_\_\_ May we contact?  Yes  No

Employer address: \_\_\_\_\_  
Street address City State/Province Zip/Postal code County

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***