

Application for Employment

Have you applied or worked with any of the First Assist branches before? Yes No If yes, which branch?

_____ Social Security #: Application Date:

Last Name: Middle Name: First Name:

How did you hear about us? Internet Magazine Convention Referral Other

Please elaborate on your selection:

Current Address:

Street Address: City: State: Zip:

Permanent Address (if different):

Street Address: City: State: Zip:

Contact Information:

Home Phone: Cell Phone: Work Phone:

Date available to start: Best time to reach you: Email:

Other names under which you have been employed:

Emergency Contact Information:

Name: Relationship: Phone:

Street Address: City: State: Zip:

Position Applying for:

Current Specialty: Other Specialty:

Licensure: (Please include photocopies of licenses held).

License Type: License #: State/Province: Exp Date:

License Type: License #: State/Province: Exp Date:

License Type: License #: State/Province: Exp Date:

Certification: (Please include photocopies of certifications 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

Software Competency: (Please check all that apply).

Cerner Meditec Eclipsys Other:

Has any professional license held by you in any state ever been investigated, suspended or non-renewed? Yes No

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

(Exception for California applicants: marijuana-related convictions over two years old and offenses for which you participated in any pretrial or posttrial diversion program should not be disclosed).

Has any malpractice suit ever been brought against you? Yes No

Are you aware of any circumstance which may result in a malpractice claim or suit being made or brought against you? Yes No

Has professional liability insurance for you ever been denied, cancelled or non-renewed? Yes No

If you responded "yes" to any of the above, please give full details on a separate sheet.

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

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

Education

Name of College:

City: State: Graduation Date: Degree(s)Received:

Graduate School:

City: State: Graduation Date: Degree(s)Received:

Other (if applicable):

City: State: Graduation Date: Degree(s)Received:

Employment Profile

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

Please indicate 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.

Facility/Employer Name: Unit/Floor/Dept.:

City: State: Zip Code:

Starting Date: End Date: Reason for leaving:

Position Held: Unit Specialty:

Direct Supervisor's Name and Title: Supervisor's Phone:

Other Supervisor's Name: Supervisor's Phone:

Travel Assignment? Yes No Travel Company: Per-diem Agency? Yes No

Facility/Employer Name: Unit/Floor/Dept.:

City: State: Zip Code:

Starting Date: End Date: Reason for leaving:

Position Held: Unit Specialty:

Direct Supervisor's Name and Title: Supervisor's Phone:

Other Supervisor's Name: Supervisor's Phone:

Travel Assignment? Yes No Travel Company: Per-diem Agency? Yes No

Facility/Employer Name: Unit/Floor/Dept.:
City: State: Zip Code:
Starting Date: End Date: Reason for leaving:
Position Held: Unit Specialty:
Direct Supervisor's Name and Title: Supervisor's Phone:
Other Supervisor's Name: Supervisor's Phone:
Travel Assignment? Yes No Travel Company: Per-diem Agency? Yes No

Facility/Employer Name: Unit/Floor/Dept.:
City: State: Zip Code:
Starting Date: End Date: Reason for leaving:
Position Held: Unit Specialty:
Direct Supervisor's Name and Title: Supervisor's Phone:
Other Supervisor's Name: Supervisor's Phone:
Travel Assignment? Yes No Travel Company: Per-diem Agency? Yes No

Facility/Employer Name: Unit/Floor/Dept.:
City: State: Zip Code:
Starting Date: End Date: Reason for leaving:
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Travel Assignment? Yes No Travel Company: Per-diem Agency? Yes No

Facility/Employer Name: Unit/Floor/Dept.:
City: State: Zip Code:
Starting Date: End Date: Reason for leaving:
Position Held: Unit Specialty:
Direct Supervisor's Name and Title: Supervisor's Phone:
Other Supervisor's Name: Supervisor's Phone:
Travel Assignment? Yes No Travel Company: Per-diem Agency? Yes No

Please document reasons for periods you were not employed.

Availability: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 Days Nights Swing

I certify that the information provided in this application is true and correct. I understand that providing false, incomplete or misleading responses will result in the termination of my employment. I authorize First Assist, Inc. to verify the information I have provided and to contact past employers and references. I expressly release all such persons from liability for providing information requested by First Assist. I further authorize First Assist, Inc. to use this application and any additional information obtained for the purpose of evaluating my eligibility for employment or assignment. I also expressly authorize First Assist, Inc. to share such information with any First Assist client at any time that I seek or maintain employment or assignment with such client and I expressly release First Assist, Inc. from any liability which may result from obtaining, releasing and making an employment decision based upon, such information. I agree that First Assist may send me employment opportunity and related information via fax, email or any other means.

Signed By _____

Date _____