

## 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:

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**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:

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Graduate School:

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

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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:   
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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

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City:  State:  Zip Code:   
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Position Held:  Unit Specialty:   
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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.

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**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.

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Signed By \_\_\_\_\_

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Date \_\_\_\_\_