

CONTACT INFORMATION

LAST	MIDDLE	FIRST	MM/DD/YYYY
FULL NAME			DATE OF APPLICATION
CITY	STATE	ZIP	XXX-XXX-XXXX
ADDRESS			PHONE #
EMAIL ADDRESS			XXX-XXX-XXXX
BEST TIMES TO REACH YOU			MOBILE/BEEPER/OTHER #
			XXX-XX-XXXX
			SOCIAL SECURITY #

APPLICATION INFORMATION

Have you submitted an application here before? YES NO

FROM/TO EMERGENCY CONTACT

IF YES, GIVE DATES

Are you legally eligible for employment in this country? YES NO

How did you hear about us? Check all that apply.

<input type="checkbox"/> Online	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Online Search
<input type="checkbox"/> Employee	<input type="checkbox"/> Print Advertisement
<input type="checkbox"/> Relative	<input type="checkbox"/> Other

NAME OF SOURCE, IF APPLICABLE

SKILLS AND QUALIFICATIONS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LICENSE TYPE	LICENSE #	E.G. CA STATE	MM/DD/YYYY EXPIRATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LICENSE TYPE	LICENSE #	E.G. CA STATE	MM/DD/YYYY EXPIRATION
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LICENSE TYPE	LICENSE #	E.G. CA STATE	MM/DD/YYYY EXPIRATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LICENSE TYPE	LICENSE #	E.G. CA STATE	MM/DD/YYYY EXPIRATION

Have you ever had a license suspended, revoked, or under investigation?

YES NO

IF YES, PLEASE EXPLAIN

CERTIFICATIONS

<input type="checkbox"/>	CPR/BLS	<input type="text" value="MM/DD/YYYY"/>	<input type="checkbox"/>	PALS	<input type="text" value="MM/DD/YYYY"/>
		EXPIRATION			EXPIRATION
<input type="checkbox"/>	MAB	<input type="text" value="MM/DD/YYYY"/>	<input type="checkbox"/>	NRP	<input type="text" value="MM/DD/YYYY"/>
		EXPIRATION			EXPIRATION
<input type="checkbox"/>	ACLS	<input type="text" value="MM/DD/YYYY"/>	<input type="checkbox"/>	Other	<input type="text" value="MM/DD/YYYY"/>
		EXPIRATION			EXPIRATION
<input type="checkbox"/>	Advanced Fetal Health Monitoring	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>		
		EXPIRATION	NAME OF CERTIFICATION		

LANGUAGE SKILLS

Besides English, please check any other languages that you speak:

<input type="checkbox"/>	Spanish	<input type="checkbox"/>	<input type="text"/>
			OTHER
<input type="checkbox"/>	Korean	<input type="checkbox"/>	<input type="text"/>
			OTHER
<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	<input type="text"/>
			OTHER

SKILLS



I have a **minimum of one year** of experience in the following units, and I am prepared to care for patients in these specialties:

1. MEDICAL

- Genito-Urinary
- Rehabilitation
- Cardio-Vascular
- Respiratory
- Gastro-Intestinal
- General Medicine
- HIV
- Infectious Disease
- Metabolic
- Neurology
- Renal/Dialysis
- Oncology

2. MATERNAL HEALTH

- Postpartum
- Prenatal
- Nursery II
- Labor/Delivery
- NICU
- Couplet Care

3. PEDIATRICS

- Burns
- Cardio-Vascular
- Gastro-Intestinal
- Respiratory
- Orthopedic
- General Medical
- Metabolic
- Neurology

4. SURGICAL

- Burns
- Cardiac
- Thoracic
- Orthopedic
- ENT Surgery
- Gastro-Intestinal
- Genito-Urinary
- Gynecology

5. PSYCHIATRIC

- Chemical Dependency
- Suicidal Precaution
- General Psychiatric
- Adult
- Adolescent
- Closed Unit

6. LEVELS OF CARE

- General Med/Surgery
- Telemetry
- Intensive Care/ICU
- PICU
- Recovery Room
- Operating Room
- Emergency Room
- Out-Patient/Clinic
- Hospice/Sub-Acute
- Cath Lab/Cardiology
- Pre-Op Holding
- GI-Lab

Please list any other work-related information you think would be helpful to us in considering you for employment, such as: specialized training, certifications, recent continuing education courses, additional work experience, etc:

PREVIOUS WORK EXPERIENCE (1/4)



AGENCY



FACILITY

COMPANY NAME

EMPLOYER

CITY

STATE

ZIP

ADDRESS

IMMEDIATE SUPERVISOR / TITLE

JOB TITLE

XXX-XXX-XXXX

PHONE #

START

END

DATES EMPLOYED

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES

REASON FOR LEAVING

May we contact this employer as a reference?



YES



NO

PREVIOUS WORK EXPERIENCE (2/4)



AGENCY



FACILITY

COMPANY NAME

EMPLOYER

CITY

STATE

ZIP

ADDRESS

IMMEDIATE SUPERVISOR / TITLE

JOB TITLE

XXX-XXX-XXXX

PHONE #

START

END

DATES EMPLOYED

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES

REASON FOR LEAVING

May we contact this employer as a reference?



YES



NO

PREVIOUS WORK EXPERIENCE (3/4)

AGENCY FACILITY

COMPANY NAME

EMPLOYER

JOB TITLE

CITY STATE ZIP

XXX-XXX-XXXX

ADDRESS

PHONE #

START END

IMMEDIATE SUPERVISOR / TITLE

DATES EMPLOYED

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES

REASON FOR LEAVING

May we contact this employer as a reference?

YES NO

PREVIOUS WORK EXPERIENCE (4/4)



AGENCY



FACILITY

COMPANY NAME

EMPLOYER

CITY

STATE

ZIP

ADDRESS

IMMEDIATE SUPERVISOR / TITLE

JOB TITLE

XXX-XXX-XXXX

PHONE #

START

END

DATES EMPLOYED

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES

REASON FOR LEAVING

May we contact this employer as a reference?



YES



NO

EDUCATIONAL BACKGROUND

Please list the last three (3) work-related schools attended, starting with the most recent.

<input type="text"/>	<input type="text"/>	<input type="text"/>
SCHOOL NAME	START	END
<input type="text"/>	DATES ATTENDED	
<input type="text"/>	YEAR GRADUATED (IF APPLICABLE)	
<input type="text"/>	MAJOR FIELD OF STUDY	
<input type="text"/>	<input type="text"/>	<input type="text"/>
SCHOOL NAME	START	END
<input type="text"/>	DATES ATTENDED	
<input type="text"/>	YEAR GRADUATED (IF APPLICABLE)	
<input type="text"/>	MAJOR FIELD OF STUDY	
<input type="text"/>	<input type="text"/>	<input type="text"/>
SCHOOL NAME	START	END
<input type="text"/>	DATES ATTENDED	
<input type="text"/>	YEAR GRADUATED (IF APPLICABLE)	
<input type="text"/>	MAJOR FIELD OF STUDY	

REFERENCES & DECLARATIONS

Please list three (3) work/business references who are not related to you.

<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	TELEPHONE #	YEARS KNOWN
<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	TELEPHONE #	YEARS KNOWN
<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	TELEPHONE #	YEARS KNOWN

Do you have professional liability insurance?

If not, please see here: <http://www.locktonmedicalliabilityinsurance.com>

YES NO

I certify that the information in this application is accurate, current and complete. I understand that if I am employed, any misinterpretations or omissions made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information. The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurance to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

<input type="text"/>	<input type="text"/>
APPLICANT'S SIGNATURE	DATE