



TRAVEL RADIOLOGY APPLICATION

Last _____ First _____ M.I. _____

Maiden Name _____ Nickname _____
(if applicable) (if applicable)

Social Security Number _____ U.S. Citizen? ____ Yes ____ No

Current Address _____

City _____ State _____ Zip Code _____

Current Phone _____

Cell or Other Phone _____ Email _____

Permanent Address _____

City _____ State _____ Zip Code _____

Permanent Phone _____

Clinical Area(s): _____ Years of Experience: _____
(You must have at least 1 year of current experience in the area you are working in.)

Shift preferences (in order): 1. _____ 2. _____ 3. _____

Date available for travel assignment: _____

Preferred locations: 1. _____ 2. _____ 3. _____

Have you ever worked as a traveler? ____ Yes ____ No If so, did you successfully complete your travel assignments? ____ Yes ____ No

If not, please give details:

Please provide the name and number of travel supervisor who can verify the above information:

Name _____ Phone _____



EDUCATION

Name of School	City/ State	Yr. Graduated	Degree

Have you ever had disciplinary action taken against any of your professional licenses, or are you currently the subject of a report or investigation? ___ Yes ___ No

If so, please give details below:

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

If Yes, please explain: _____

EMERGENCY CONTACT: List nearest relative not living with you.

Name _____ Phone(s) _____

Address _____

Do you have your own means of transportation? ___ Yes ___ No, I use public transportation or other means.



LICENSURE: List original first, then all others.

State _____ Number _____ Expires _____

State _____ Number _____ Expires _____

State _____ Number _____ Expires _____

CERTIFICATIONS: (Please attach clear copies of front/back of cards.)

Certification _____ Number _____ Expires _____

Certification _____ Number _____ Expires _____

Certification _____ Number _____ Expires _____

PROFESSIONAL REFERENCES For each professional position held in the LAST 3 YEARS, list a SUPERVISOR with direct personal knowledge of your professional skills. Please contact them and make sure these supervisors are willing to provide personal references for you.

Name and Position	Phone	Facility	Yrs. Worked Together



EMPLOYMENT HISTORY List most recent job first, accounting for all time since passed nursing boards.
Attach additional sheets if necessary.

1. Facility _____ Dates Employed _____ To _____
Address _____
Position _____ Supervisor _____ Phone _____
FT? ___ PT? ___ Per Diem? ___ Travel assignment? ___ Agency? (name) _____
Reason for Leaving _____

2. Facility _____ Dates Employed _____ To _____
Address _____
Position _____ Supervisor _____ Phone _____
FT? ___ PT? ___ Per Diem? ___ Travel assignment? ___ Agency? (name) _____
Reason for Leaving _____

3. Facility _____ Dates Employed _____ To _____
Address _____
Position _____ Supervisor _____ Phone _____
FT? ___ PT? ___ Per Diem? ___ Travel Assignment? ___ Agency? (name) _____
Reason for Leaving _____



4. Facility _____ Dates Employed _____ To _____

Address _____

Position _____ Supervisor _____ Phone _____

FT? ___ PT? ___ Per Diem? ___ Travel Assignment? ___ Agency? (name) _____

Reason for Leaving _____

Please explain all breaks in employment and provide verification information: _____

AGREEMENT

The information provided in the application for participation of employment with MultiStaff Solutions, Inc., is hereby true. I acknowledge that any misstatement or omission of fact on the application may result in my termination from this employment agency. I authorize MultiStaff Solutions, Inc. to release this and any other information needed for my employment to its affiliated facilities. I understand that by giving MultiStaff Solutions, Inc. permission to submit my application for assignment opportunities, I am also agreeing to any criminal background search or pre-employment drug screening that may be required by certain states or client institutions.

Signature _____ Date _____