



**APPLICATION**

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Maiden Name \_\_\_\_\_ Nickname \_\_\_\_\_

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 location 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Have you ever worked as a travel nurse? \_\_\_\_ 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 this information:

Name \_\_\_\_\_ Phone \_\_\_\_\_



**EDUCATION**

Name of School	City/ State	Yr. Graduated	Degree

Have you ever had disciplinary action taken against any of your nursing 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.

**RN LICENSURE:** List original first, then all others.

State \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_

Date passed state boards \_\_\_\_\_ State \_\_\_\_\_

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

BCLS \_\_\_\_\_ Expires \_\_\_\_\_ NRP/NALS \_\_\_\_\_ Expires \_\_\_\_\_  
 PALS \_\_\_\_\_ Expires \_\_\_\_\_ CCRN \_\_\_\_\_ Expires \_\_\_\_\_  
 ACLS \_\_\_\_\_ Expires \_\_\_\_\_ Other (list) \_\_\_\_\_ Expires \_\_\_\_\_

**PROFESSIONAL RN REFERENCES** For each RN position held in the LAST 3 YEARS, list a SUPERVISORY RN with direct personal knowledge of your professional skills. Please contact them and make sure these RNs 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 \_\_\_\_\_ RN Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Unit \_\_\_\_\_ # of Beds \_\_\_\_\_ N/P Ratio \_\_\_\_\_ Charge Experience? \_\_\_\_\_

FT? \_\_\_ PT? \_\_\_ Per Diem? \_\_\_ Travel assignment? \_\_\_ Agency? (name) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Facility \_\_\_\_\_ Dates Employed \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ RN Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Unit \_\_\_\_\_ # of Beds \_\_\_\_\_ N/P Ratio \_\_\_\_\_ Charge Experience? \_\_\_\_\_

FT? \_\_\_ PT? \_\_\_ Per Diem? \_\_\_ Travel assignment? \_\_\_ Agency? (name) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_



3. Facility \_\_\_\_\_ Dates Employed \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ RN Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Unit \_\_\_\_\_ # of Beds \_\_\_\_\_ N/P Ratio \_\_\_\_\_ Charge Experience? \_\_\_\_\_

FT? \_\_\_ PT? \_\_\_ Per Diem? \_\_\_ Travel Assignment? \_\_\_ Agency? (name) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4. Facility \_\_\_\_\_ Dates Employed \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ RN Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Unit \_\_\_\_\_ # of Beds \_\_\_\_\_ N/P Ratio \_\_\_\_\_ Charge Experience? \_\_\_\_\_

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 MedTeam Staffing 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 MedTeam Staffing, to release this and any other information needed for my employment to its affiliated facilities. I understand that by giving MedTeam Staffing 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 \_\_\_\_\_