



APPLICATION

Please enter your full legal name as it appears on your Social Security Card

 Last Name First Name Middle Name Social Security No.

Current Address: _____
 Street Address City State/Providence Zip/Postal Code Country

Permanent Address (if different): _____
 Street Address City State/Providence Zip/Postal Code Country

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____ Best time/day to reach you: _____

Other names under which you have been employed: _____

Discipline: _____ Other/Secondary Discipline: _____

Current Specialty: _____ Other/Secondary Specialty: _____

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

Date available to work: _____

Name of Emergency Contact: _____ Relationship: _____ Phone: _____

 Street Address City State/Providence Zip/Postal Code Country

LICENSURE (Include photocopies of licenses held.)

License Type: _____ License Number: _____ State/Province: _____ Expiration Date: _____

License Type: _____ License Number: _____ State/Province: _____ Expiration Date: _____

CERTIFICATION (Include photocopies of certification 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

Have you ever had your license or certification in any state, investigated, suspended or had disciplinary action taken against it? Yes No

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

Driving under the influence is not considered a minor traffic violation. Exceptions due to state employment law: Conviction(s) that have been sealed, expunged, or eradicated and California Health & Safety Code §§11357 (b) & (c), 11360(c), 11364, 11365, 11550 marijuana-related convictions over 2 years old, should not be revealed.

Have you ever been named as a defendant in a professional liability action? Yes No

If you responded "Yes" to any of the above, please attach a separate sheet with explanation.

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 and Location of School	Graduation date	Diplomas/Degrees Received
College			
Graduate School			
Other School (if applicable)			



EMPLOYMENT PROFILE

Applicants Name: _____

Complete for any positions you have held for the past five (5) years. It is NurseRx's policy to verify and reference the employment history of each applicant. The contacts listed may be contacted for employment verification or references

Facility/Employer Name: _____ Unit/Floor/Dept: _____
 City: _____ State/Providence: _____ Zip/Postal Code: _____ Country: _____
 Dates Employed: From _____ To: _____ Reason for leaving: _____
 Position Held: _____ Discipline: _____ Unit Specialty: _____
 Supervisor's Name and Title: _____ Phone: _____
 Other Supervisor Name: _____ Phone: _____
 Travel Assignment? No Yes - Company: _____ Local Staff Agency? No Yes - Agency: _____

Facility/Employer Name: _____ Unit/Floor/Dept: _____
 City: _____ State/Providence: _____ Zip/Postal Code: _____ Country: _____
 Dates Employed: From _____ To: _____ Reason for leaving: _____
 Position Held: _____ Discipline: _____ Unit Specialty: _____
 Supervisor's Name and Title: _____ Phone: _____
 Other Supervisor Name: _____ Phone: _____
 Travel Assignment? No Yes - Company: _____ Local Staff Agency? No Yes - Agency: _____

Facility/Employer Name: _____ Unit/Floor/Dept: _____
 City: _____ State/Providence: _____ Zip/Postal Code: _____ Country: _____
 Dates Employed: From _____ To: _____ Reason for leaving: _____
 Position Held: _____ Discipline: _____ Unit Specialty: _____
 Supervisor's Name and Title: _____ Phone: _____
 Other Supervisor Name: _____ Phone: _____
 Travel Assignment? No Yes - Company: _____ Local Staff Agency? No Yes - Agency: _____

Facility/Employer Name: _____ Unit/Floor/Dept: _____
 City: _____ State/Providence: _____ Zip/Postal Code: _____ Country: _____
 Dates Employed: From _____ To: _____ Reason for leaving: _____
 Position Held: _____ Discipline: _____ Unit Specialty: _____
 Supervisor's Name and Title: _____ Phone: _____
 Other Supervisor Name: _____ Phone: _____
 Travel Assignment? No Yes - Company: _____ Local Staff Agency? No Yes - Agency: _____

Facility/Employer Name: _____ Unit/Floor/Dept: _____
 City: _____ State/Providence: _____ Zip/Postal Code: _____ Country: _____
 Dates Employed: From _____ To: _____ Reason for leaving: _____
 Position Held: _____ Discipline: _____ Unit Specialty: _____
 Supervisor's Name and Title: _____ Phone: _____
 Other Supervisor Name: _____ Phone: _____
 Travel Assignment? No Yes - Company: _____ Local Staff Agency? No Yes - Agency: _____

EMPLOYMENT PROFILE

Applicants Name: _____



Complete for any positions you have held for the past five (5) years. It is NurseRx's policy to verify and reference the employment history of each applicant. The contacts listed may be contacted for employment verification or references

Facility/Employer Name: _____ Unit/Floor/Dept: _____
City: _____ State/Providence: _____ Zip/Postal Code: _____ Country: _____
Dates Employed: From _____ To: _____ Reason for leaving: _____
Position Held: _____ Discipline: _____ Unit Specialty: _____
Supervisor's Name and Title: _____ Phone: _____
Other Supervisor Name: _____ Phone: _____
Travel Assignment? No Yes - Company: _____ Local Staff Agency? No Yes - Agency: _____

Facility/Employer Name: _____ Unit/Floor/Dept: _____
City: _____ State/Providence: _____ Zip/Postal Code: _____ Country: _____
Dates Employed: From _____ To: _____ Reason for leaving: _____
Position Held: _____ Discipline: _____ Unit Specialty: _____
Supervisor's Name and Title: _____ Phone: _____
Other Supervisor Name: _____ Phone: _____
Travel Assignment? No Yes - Company: _____ Local Staff Agency? No Yes - Agency: _____

Facility/Employer Name: _____ Unit/Floor/Dept: _____
City: _____ State/Providence: _____ Zip/Postal Code: _____ Country: _____
Dates Employed: From _____ To: _____ Reason for leaving: _____
Position Held: _____ Discipline: _____ Unit Specialty: _____
Supervisor's Name and Title: _____ Phone: _____
Other Supervisor Name: _____ Phone: _____
Travel Assignment? No Yes - Company: _____ Local Staff Agency? No Yes - Agency: _____

Facility/Employer Name: _____ Unit/Floor/Dept: _____
City: _____ State/Providence: _____ Zip/Postal Code: _____ Country: _____
Dates Employed: From _____ To: _____ Reason for leaving: _____
Position Held: _____ Discipline: _____ Unit Specialty: _____
Supervisor's Name and Title: _____ Phone: _____
Other Supervisor Name: _____ Phone: _____
Travel Assignment? No Yes - Company: _____ Local Staff Agency? No Yes - Agency: _____

Please document reasons for periods you were not employed.

I attest that I am the applicant and the information provided in this application is complete and accurate, to the best of my knowledge. Providing incomplete or inaccurate information may result in disqualification from the program, and may be a violation of state law(s) that could result in civil penalties. The Company is authorized to obtain information from my current and previous employers, and to release information in support of my application (application, references, background search results, etc.) to the Company's client institutions. The Company may also share information regarding my employment with its affiliates and appropriate governmental or licensing entities; and send me employment opportunity-related information at fax numbers or email addresses that I provide. I understand that the Company, certain states and/or Client institutions may require criminal background checks, and I consent to such checks. Prior to conducting any background checks that qualify as consumer or investigative consumer reports, I will be provided, and will return, separate disclosure and acknowledgement forms as required by the Company. I agree, in consideration of your employing me, that I will not seek or accept employment, either directly or indirectly in any capacity from any client of NurseRx's to whom I have been assigned, until I have sought and obtained written approval from branch management. I also agree that I will not solicit these clients on my behalf, nor on the behalf of any future employer(s).

Signature: _____ Date: _____