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EMERGI-STAFF NURSES, LLC

Healthcare Staffing Solutions



PRE-EMPLOYMENT AUTHORIZATION AND RELEASE

I _____, hereby give Emergi-Staff Nurses, LLC my permission to conduct an investigation to obtain information which the Company deems is necessary to determine my qualifications for employment with the Company, including but not limited to , my permission to contact any former employer, any personal or professional reference, any bank, credit or finance bureau or office, any police department, law enforcement agency or any other appropriate source or individual for the purpose of gathering information, personal or otherwise, that such sources may have relating to my character, general reputation, or criminal records, and I give my consent to any source to release to the Company whatever information they have about me.

I understand that the information requested about me on this form is necessary so that accurate information is obtainable.

I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

Prospective employer: Emergi-Staff Nurses, LLC

Print Name: _____

Current address: _____

City / State/ Zip: _____ County: _____

Previous address: _____

City / State/ Zip: _____ County: _____

Social security number: _____

Drivers license number: _____ State: _____

If never licensed, please indicate: _____

Applicant's name (please print)

Date

Applicant's signature

Emergi- Staff Nurses, LLC witness name (print)

Date

Emergi-Staff Nurses, LLC witness signature