

296 Lakshman Trail
 Dover, DE 19904
 Phone: 302-242-7243
 Fax: 302-269-3872
 Email: info@emergistaffnurses.com
 Web: www.EmergiStaffNurses.com

EMERGI-STAFF NURSES, LLC

Healthcare Staffing Solutions



Application for Employment

Personal Data

Last Name	First Name	Middle Name	Social Security No.
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Home Phone	Cell Phone	Pager	Email Address
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Street Address	City	County	State	Zip
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Emergency Contact	Relation	Emergency Phone No.
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Job Information

Position Applying for:

RN ___ LPN ___ CNA ___ Tech ___

Date Available to Work _____

Work Experience /Skills

Please list the number of years you have experience in each area (minimum 1 year in each) and are clinically competent. **Please make sure all areas of work experience/skills marked are supported in the “Work Experience” section of the application. We confirm all work history.**

_____ Burn	_____ ENT	_____ Pediatrics	_____ Detox/ Drug rehab
_____ L&D	_____ REHAB	_____ Telemetry	_____ Post Partum
_____ MICU	_____ Nursery	_____ Psych.	_____ Orhopaedics
_____ NICU	_____ Dialysis	_____ Stepdown	_____ Mother/ Baby
_____ PACU	_____ Geriatric, LTC	_____ Oncology	_____ Recovery Room
_____ SICU	_____ Peds ICU	_____ Neurology	_____ Operating Room
_____ CCU	_____ Med/Surg	_____ Open Heart	_____ Emergency Room

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Type of work Desired:

Check all that apply

Hospital Clinic (Specify) _____ Hospice Assisted Living
 Rehab Private Duty Nursing Home

Language Skills: Other than English, please check any other languages that you speak.

Spanish German
 French (Creole) Russian
 Polish Other

Availability:

Check the type of assignment you are available for.

Full Time Part Time Contract Travel

Check the days of the week you are available to work.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Check the shifts you prefer below.

7a-7p 7p-7a 7a-3p 3p-11p 11p-7a Other _____

Education and Training (Please list all schools attended. Begin with High Schools, and then list all colleges/ vocational /military schools.) If available, please attach resume instead.

High School Name	Street address	City	State	Zip	Country	Highest Grade
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College/ Vocational School	Street Address	City	State	Zip	Country	Degree
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Graduate School Name	Street Address	City	State	Zip	Country	Degree
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License /Certification

License Type	License/ Certification No.	State	Expiration Date
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License Type	License/ Certification No.	State	Expiration Date
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License Type	License/ Certification No.	State	Expiration Date
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Has your professional license ever been suspended, revoked, or under investigation? ___ Yes ___ No

If yes please explain: _____

Certifications: Check all that apply, and enter expiration date.

_____ ACLS _____ Exp Date	_____ CEN _____ Exp Date	_____ IV Cert _____ Exp Date
_____ BCLS _____ Exp Date	_____ CCRN _____ Exp Date	_____ TNCC _____ Exp Date
_____ PALS _____ Exp Date	_____ CNOR _____ Exp Date	_____ ENPC _____ Exp Date

Other Certification	Exp. Date
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Other Certification	Exp. Date
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Work Experience. List all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheets if necessary. **Work experience must support your “Work Experience” noted on page 1 of the application.**

#1

Facility/ employer name Street Address Dates employed. MM/DD/YY to MM/DD/YY

City State Zip Country Phone Title Unit

Name of current or immediate supervisor Number of Beds in Unit

Describe duties and specialty areas.

May we contact? Yes No If no why not?

Reason for leaving

If this was a travel assignment, which company?

Charge Experience? ___ Yes ___ No

#2

Facility/ employer name Street Address Dates employed. MM/DD/YY to MM/DD/YY

City State Zip Country Phone Title Unit

Name of current or immediate supervisor Number of Beds in Unit

Describe duties and specialty areas.

May we contact? Yes No If no why not?

cont

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#2 cont

Reason for leaving

If this was a travel assignment, which company?

Charge Experience? ___ Yes ___ No

#3

Facility/ employer name Street Address Dates employed. MM/DD/YY to MM/DD/YY

City State Zip Country Phone Title Unit

Name of current or immediate supervisor Number of Beds in Unit

Describe duties and specialty areas.

May we contact? Yes No If no why not?

Reason for leaving

If this was a travel assignment, which company?

Charge Experience? ___ Yes ___ No

#4

Facility/ employer name Street Address Dates employed. MM/DD/YY to MM/DD/YY

City State Zip Country Phone Title Unit

cont 

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#4 cont

Name of current or immediate supervisor Number of Beds in Unit

Describe duties and specialty areas.

May we contact? Yes No If no why not? _____

Reason for leaving

If this was a travel assignment, which company?

Charge Experience? Yes No

#5

Facility/ employer name Street Address Dates employed. MM/DD/YY to MM/DD/YY

City State Zip Country Phone Title Unit

Name of current or immediate supervisor Number of Beds in Unit

Describe duties and specialty areas.

May we contact? Yes No If no why not? _____

Reason for leaving

If this was a travel assignment, which company?

Charge Experience? Yes No

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Additional Skills/Abilities/Experience:

Please list any other work related information you think would be helpful to us in considering you for employment, such as specialized training, certifications, and additional work experience.

References: Please list three individuals with whom you have worked who were in a position to evaluate your performance. **Please note: Two of these individual must be a current or former supervisor and/or manager and must complete the Reference Form included in the application materials. If current/former employees only verify dates of employment, please contact the office.**

Name	Title	Facility	Telephone No.

Are your Employment Records listed under another name? If yes what name? _____

Additional information:

1. Are you legally authorized to work in the United States? ___ Yes ___ No

If No:

Enter approximate date you are eligible to immigrate to the USA. _____
(Should you become employed by Emergi-Staff Nurses, LLC , you will be required to provide documentation proving your eligibility to work in the USA.)

2. Have you ever been convicted of a felony or misdemeanor crime? ___ Yes ___ No

3. How were you referred to Emergi-Staff Nurses, LLC? _____

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**APPLICANT ACKNOWLEDGMENT
TRUTH STATEMENT**

I certify that the information in this application is accurate, current and complete. I understand that mis-statements or omissions may result in disqualification from further consideration or termination of employment.

I authorize Emergi-Staff Nurses, LLC to investigate my employment history, credentials and to obtain any relevant information (including a criminal background check) needed to make an employment decision. I authorize Emergi-Staff Nurses, LLC to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize Emergi-Staff Nurses, LLC to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release Emergi-Staff Nurses, LLC from all liability for any damages from the disclosure of this information.

I also understand and agree that

1. Passing a medical examination and/or participating in a post-conditional medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired, employment may be terminated.
2. Subject to applicable state laws, Emergi-Staff Nurses, LLC reserves the right to conduct drug screening and testing for reasonable suspicion at any time during employment and as a pre-employment requirement. Any violation of this policy shall result in an applicant not being hired or an adverse employment action up to and including immediate termination. Emergi-Staff Nurses, LLC reserves the right to change this policy at any time as it requires.

I understand and agree that nothing contained in this employment application or in granting of an interview creates an employment contract between Emergi-Staff Nurses, LLC and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will", that I will have the right to terminate my employment at any time, and that Emergi-Staff Nurses, LLC will retain a similar right to terminate my employment at any time.

I understand that should I become employed by Emergi-Staff Nurses, LLC, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of Emergi-Staff Nurses, LLC.

Applicant's Signature _____ Date _____

This application will not be considered complete without the applicant's signature

Emergi-Staff Nurses, LLC is an Equal Opportunity Employer

Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S.C. §20000d et seq.) and 45 C.F.R. Part 80, Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794) and 45 C.F.R. Part 84, and the Age Discrimination Act of 1975 (42 U.S.C. §6101 et seq.) and 45 C.F.R. Part 91, the agency adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment, and for all persons employed by the agency. The agency does not discriminate because of age, race, color, religion, military status, gender preference, sex, national origin or disability.