



EMPLOYMENT APPLICATION

PERSONAL INFORMATION			
First Name	Last	M.I.	
Nickname	Social Security#	Date Available	
Permanent Address		Apartment/Unit #	
City	State	Zip	
Home Phone	Cell Phone	Email	
In case of emergency, contact:		Relationship	
Phone	Address:		
Were you referred by anyone? If so, whom?			
Geographic Preference: 1)		2)	3)
Are you currently eligible for employment in the U.S.? <input type="radio"/> Yes <input type="radio"/> NO			
Medical Specialty:		Yrs of Experience:	
Medical Specialty:		Yrs of Experience:	
LEGAL QUESTIONS (MUST BE FILLED OUT COMPLETELY)			
<p>1. At any time before or after becoming a healthcare professional, have you ever been charged with a crime or been convicted or pled guilty or no contest (nolo contendere) to any criminal charge (whether disciplined or cleared)? <input type="radio"/> Yes <input type="radio"/> NO <i>If yes, please indicate dates, conviction, and final outcome. Attach a separate sheet with full particulars.</i></p> <p>Date: _____ Conviction: _____</p> <p>Outcome: _____</p>			
<p>2. Are you aware of any circumstances which may result in a malpractice claim or suit being made or brought against you? <input type="radio"/> Yes <input type="radio"/> NO <i>If yes, please indicate dates, circumstances and attach a separate sheet with full particulars.</i></p> <p>Date: _____ Circumstances: _____</p> <p>Outcome: _____</p>			
<p>3. Has any medical malpractice claim or suit ever been brought or threatened against you or your employer for your acts? <input type="radio"/> Yes <input type="radio"/> NO <i>If yes, please provide detail of the suit and its current status and attach a separate sheet with full particulars.</i></p> <p>Date: _____ Circumstances: _____</p> <p>Outcome: _____</p>			
<p>4. Have you ever been the subject of a reprimand or disciplinary action or refused employment or admission to a professional society or had professional privileges suspended by a court or administrative agency, regulatory board, or State Board, or ever been the subject of any ethics investigation at local, state, or national level (whether disciplined or cleared)? <input type="radio"/> Yes <input type="radio"/> NO <i>If yes, please indicate dates, circumstances, and final outcome. Attach a separate sheet with full particulars.</i></p> <p>Date: _____ Circumstances: _____</p> <p>Outcome: _____</p>			

PROFESSIONAL LICENSES/CERTIFICATIONS

<i>Type</i>	<i>State</i>	<i>License/Certification No.</i>	<i>Date Issued</i>	<i>Expiration Date</i>
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EDUCATION

EDUCATION	NAME OF SCHOOL	CITY/STATE	Graduation Date	Diplomas/Degrees
School/Education Program				
College/University				
College/University				

EMPLOYMENT HISTORY

Facility/Employer:		Unit/Floor/Dept.:	
City:	State:	Zip Code:	
Dates Employed: From:	To:	Reason for Leaving:	
Position Held:	Hourly Wage	Unit Specialty (if applicable):	
Patient Caseload:	Computerized Charting? <input type="radio"/> Yes <input type="radio"/> NO Type:		
Supervisor's Name/Title:		Supervisor's Phone:	
Travel Assignment? <input type="radio"/> Yes <input type="radio"/> NO	Travel Agency/Company:		
May we contact this employer: <input type="radio"/> Yes <input type="radio"/> NO			

Facility/Employer:		Unit/Floor/Dept.:	
City:	State:	Zip Code:	
Dates Employed: From:	To:	Reason for Leaving:	
Position Held:	Hourly Wage	Unit Specialty (if applicable):	
Patient Caseload:	Computerized Charting? <input type="radio"/> Yes <input type="radio"/> NO Type:		
Supervisor's Name/Title:		Supervisor's Phone:	
Travel Assignment? <input type="radio"/> Yes <input type="radio"/> NO	Travel Agency/Company:		
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Position Held:		Hourly Wage	Unit Specialty (if applicable):
Patient Caseload:		Computerized Charting? <input type="radio"/> Yes <input type="radio"/> NO Type:	
Supervisor's Name/Title:			Supervisor's Phone:
Travel Assignment? <input type="radio"/> Yes <input type="radio"/> NO		Travel Agency/Company:	
May we contact this employer: <input type="radio"/> Yes <input type="radio"/> NO			

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City:		State:	Zip Code:
Dates Employed:	From:	To:	Reason for Leaving:
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Supervisor's Name/Title:			Supervisor's Phone:
Travel Assignment? <input type="radio"/> Yes <input type="radio"/> NO		Travel Agency/Company:	
May we contact this employer: <input type="radio"/> Yes <input type="radio"/> NO			

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City:		State:	Zip Code:
Dates Employed:	From:	To:	Reason for Leaving:
Position Held:		Hourly Wage	Unit Specialty (if applicable):
Patient Caseload:		Computerized Charting? <input type="radio"/> Yes <input type="radio"/> NO Type:	
Supervisor's Name/Title:			Supervisor's Phone:
Travel Assignment? <input type="radio"/> Yes <input type="radio"/> NO		Travel Agency/Company:	
May we contact this employer: <input type="radio"/> Yes <input type="radio"/> NO			

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 and may be a violation of state law(s) that could result in civil penalties. Pure Medical Staffing 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 clients and healthcare facilities. Pure Medical Staffing may also share information regarding my employment with its affiliates and appropriate governmental or licensing entities. Pure Medical Staffing may send me employment opportunity-related information at email addresses that I provide. I understand that Pure Medical Staffing, certain states and/or client facilities 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 Pure Medical Staffing.

Applicant Signature: _____

Date: _____