



Medical Staffing Solutions

"The Solution to your Staffing Needs"



Application For Employment

Please be as complete and accurate as possible. Falsifying employment records may be grounds for termination.

***Denote Required Fields**

First Name* _____ (M)_____ Last Name* _____

Address #1* _____

Address #2

City* _____

State * _____ Zip Code* _____

Phone Number(with area code)* _____ - _____ Cell Number: _____

Social Security Number* _____ - _____ - _____ DOB: _____ / _____ / _____

Email Address* (janedoe@mssmedicalstaffing.com) _____

Local or Traveling Assignment?* _____

Have you worked at MSS before? **YES / NO** _____ If YES - what dates? _____

Job Referral Source: _____

Position Desired* _____

CERTIFICATION

(photocopies of all certifications held will be needed for file)

- | | | |
|---|--|--|
| <input type="checkbox"/> ACLS (exp. date) _____ | <input type="checkbox"/> CNOR (exp. date) _____ | <input type="checkbox"/> NRP (exp. date) _____ |
| <input type="checkbox"/> BLS for HCP (exp. date) _____ | <input type="checkbox"/> CNRN (exp. date) _____ | <input type="checkbox"/> PALS (exp. date) _____ |
| <input type="checkbox"/> CCRN (exp. date) _____ | <input type="checkbox"/> ENPC (exp. date) _____ | <input type="checkbox"/> RCN (exp. date) _____ |
| <input type="checkbox"/> CEN (exp. date) _____ | <input type="checkbox"/> FHM (exp. date) _____ | <input type="checkbox"/> TNCC (exp. date) _____ |
| <input type="checkbox"/> CHEMO (exp. date) _____ | <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ |

Have you passed the NCLEX? Yes No

Has your license or certification ever been investigated or suspended? 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) 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

Have you ever been terminated, disciplined, suspended or discharged by any previous employer? Yes No

(If you responded "yes" to any of the above, please list explanation.)

Are you either a U.S. Citizen or can you submit verification of your legal right to work in the U.S.? Yes

If you will be employed on a visa, please specify type of work visa _____

TRAVEL

Have you ever taken any travel assignments before? Yes No

List location(s) and length of assignment(s)

Did you complete all of your assignments? Yes No

If no, please explain _____

What geographical area are you looking for? _____

Type of health care setting do you desire? _____

What length of contract are you looking for? _____

AVAILABILITY

When Can You Start* _____ *Salary Desired \$ _____ per Hour

Are you currently employed?* Yes No

If so, may we contact you employer? Yes No

Have you been convicted of a felony or misdemeanor in the last ten years?* Yes No

If Yes, please explain _____

CONFIDENTIALITY AGREEMENT

In the event I am hired by MSS, except as authorized by any client to which I am assigned, I will not disclose, use, or take directly or indirectly, either during or after my assignment, any property of the client or confidential or proprietary information concerning the client and/or its business. I will be compliant with all rules, regulations and requests of the HIPAA education booklet. I also agree to deliver promptly to the client (on request or on the date of termination of my assignment) all documents, copies thereof, and other materials relating to any confidential or proprietary information that are the property of the client.

AGREED-UPON CONDITIONS OF EMPLOYMENT

I understand that employment by MSS is at will, meaning that either I or MSS may terminate the employment relationship at any time for any lawful reason with or without notice. I acknowledge that any false, incomplete, or misleading information I provide on the application form, in a resume or in a pre-employment interview will be grounds to deny my application or, if discovered later, for immediate dismissal from employment. I agree to and will submit an authorized timesheet for all hours worked on assignments and will notify MSS upon completion of each assignment. In consideration for my employment by MSS, I agree that during any assignment by MSS and for a period of 180 days following the completion of my last assignment through MSS, I will not (1) accept employment by or perform services for any client of MSS to whom I have been assigned by MSS, with out the prior written consent of MSS, or (2) accept any temporary assignment while on the payroll of any other staffing company at any such client, without the prior written consent of MSS. In consideration for my assignment to MSS clients, I agree that I am solely an employee of MSS for benefits plan purposes and that I am eligible only for such employee benefits as MSS may offer to its employees. I understand and agree that I am not eligible for or entitled to benefits provided by clients to any of their employees, regardless of the length of my assignment to clients by MSS and regardless of whether I am found to be a common law employee of MSS clients for any purpose. Therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have to such benefits and agree not to make any claim for such benefits.

Date: _____

Signature: _____

The following information (Education, Work History, and References) may be provided on the form, or by providing us with a copy of your resume via email, fax, or regular mail. (Note, you will not be fully entered into our system until we have this)

Check Here if you intend to send all or some of the following information to us in this manner.

EDUCATION

*High School Graduate or GED Yes No **School Name:** _____

Location: _____

School	Name	School Address	Years Attended	Graduated?	Degree
1st College					
2nd College					
3rd College					
Other Schools					

WORK HISTORY

Name & Address of Present or Most Recent Employer _____

Phone Number (with area code): _____

Starting Date: _____ Ending Date: _____ Final Salary: \$ _____ Per Hour

Job Title: _____ Permission to contact your supervisor? Yes No

Supervisor Name: _____ Title: _____

Reason for Leaving: _____

Description of Job: _____

Name & Address of Second Most Recent Employer _____

Phone Number (with area code): _____

Starting Date: _____ Ending Date: _____ Final Salary: \$ _____ Per Hour

Job Title: _____ Permission to contact your supervisor? Yes No

Second Employer Information Continued.....

Supervisor Name: _____ Title: _____

Reason for Leaving: _____

Description of Job: _____

Name & Address of Third Most Recent Employer _____

Phone Number (with area code): _____

Starting Date: _____ Ending Date: _____ Final Salary: \$ _____ Per Hour

Job Title: _____ Permission to contact your supervisor? Yes No

Supervisor Name: _____ Title: _____

Reason for Leaving: _____

Description of Job: _____

REFERENCES

Please provide the names of three persons you are not related to, whom you have known at least one year. Co-workers and former supervisors preferred.

	Name	Address / Phone	Occupation	Years Known
1.		Phone		
2.		Phone		
3.		Phone		

Please note: By submitting the information above you are certifying the facts contained in this application are true and complete to the best of your knowledge and understand, if employed, falsified statements on application shall be grounds for dismissal. All information you submit to us, both on this application and through other means, will be held in complete confidence by Medical Staffing Solutions. Under no circumstances will we share your personal information with any other company or person. We will secure your written permission before initiating law enforcement or other background checks.

SIGNATURE

Date

BACKGROUND CHECK PERMISSION FOR PROSPECTIVE EMPLOYEE

In connection with my application for employment with **Medical Staffing Solutions, LLC** (“MSS”), I hereby agree as follows:

1. GENERAL CONSENT TO BACKGROUND INVESTIGATION

As a condition of the consideration by MSS of my employment application, I give permission to MSS to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on my employment application.

2. CONSENT TO CONTACT PAST EMPLOYERS

I specifically give permission to MSS to contact all of my prior employers for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with MSS, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of MSS. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers to MSS. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this Agreement.

3. CONSENT TO CONTACT GOVERNMENT AGENCIES

I further give permission to MSS to receive a copy of any information obtained in the file of any federal, state or local court or governmental agency concerning or relating to me. I further consent to the release of such information and waive any right under law concerning notification of the request for a release of such information. In the event a law does not provide for prospective employers to have access to information, I hereby delegate MSS as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

I understand that I do not have to agree to his background check, but refusal to do so may exclude me from consideration.

I understand that information collected will be limited to that appropriate to determining my suitability for certain positions and that all such information collected will be kept confidential.

I hereby extend my permission to those individuals and/or organizations contacted, for the purpose of this background check, to give their full and honest evaluation of my suitability of the described position and such other information as they deem appropriate.

Printed Name: _____

Signed: _____ Date: _____

Witnessed: _____ Date: _____

Company use only:

Name: _____
(Last) (First) (Initial)

DOB: ____/____/____ Social Security # ____-____-____