

APPLICANT INFORMATION

LAST NAME:		FIRST NAME:		MI:
HOME ADDRESS:			CITY:	
STATE/ PROVINCE:	COUNTRY:		ZIP/ POSTAL CODE:	
HOME PHONE NUMBER:		E-MAIL ADDRESS:		
CELL PHONE NUMBER:		FAX NUMBER:		
MAILING ADDRESS (if different from home address)			CITY:	
STATE/ PROVINCE:	COUNTRY:		ZIP/POSTAL CODE:	
DATE OF BIRTH:		SOCIAL SECURITY NUMBER:		
IN CASE OF EMERGENCY, PLEASE CONTACT:				
NAME:		ADDRESS:		
CITY:		STATE/ PROVINCE:		
COUNTRY:		ZIP/ POSTAL CODE:		
PHONE NUMBER:				
PROFESSION (please check): RN LPN/LVN CNA PATIENT CARE TECH. OTHER: _____				
Are you eligible to work in the United States? (please check)			YES	NO
How did you hear about QTS? Referral Printed Ad Brochure Website Other				
If you were referred, who referred you to us? _____				
SHIFT PREFERENCE, IN ORDER: 1) 2) 3)				

REFERENCES

Professional References (Please list a minimum of 4 professional references)

NAME	COMPANY	PHONE NUMBER	ALT PHONE NUMBER	EMPLOYMENT DATES	UNIT

Personal References: Please list non relatives who you have been associated with for at least 2 years.

NAME:	CITY	STATE	PHONE NUMBER:

QUIK TRAVEL STAFFING, INC

CERTIFICATION

	CURRENT ACTIVE RN LICENSES:	NUMBER:	EXPIRATION DATE:
1	HOME STATE:		
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Has your license in any jurisdiction been revoked, investigated, or restricted? (please circle) YES NO

Have you ever been convicted of a felony? YES NO

If yes, please provide details and current status:

Do you have malpractice insurance? YES NO

MALPRACTICE INSURANCE POLICY#:	COMPANY:	EXP. DATE:
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SPECIAL CERTIFICATIONS

CERTIFICATE	NUMBER	EXP. DATE

SPECIALIZATION

CURRENT SPECIALTY IN THE LAST 2 YEARS (for nursing applicants only)	YEARS OF EXPERIENCE	PROFICIENT (circle):
		YES NO
		YES NO
		YES NO
		YES NO
		YES NO

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What is your clinical area of preference?

CERTIFICATION/ CEUs (Please include copies)

NAME:	DATE TAKEN:	EXPIRATION:
BCLS		
ACLS		
NALS/NRP		
PALS		

NAME:	DATE TAKEN:	EXPIRATION:
CCRN		
CNN		

EDUCATIONAL BACKGROUND

SCHOOL ATTENDED	LOCATION (CITY, STATE)	DATE GRADUATED	PROGRAM/ DEGREE

What languages do you speak fluently?

Additional Education:

EMPLOYMENT HISTORY

FACILITY:		ADDRESS:		PHONE #:	
CITY:		STATE:	POSITION:		FULLTIME PARTIME
# OF BEDS:	SHIFT:	SUPERVISOR:		PHONE #:	
DATES EMPLOYED (MM/DD/YY):		TO	ELIGIBLE FOR REHIRE?		YES NO
Was this a travel assignment?					
FACILITY:		ADDRESS:		PHONE #:	
CITY:		STATE:	POSITION:		FULLTIME PARTIME
# OF BEDS:	SHIFT:	SUPERVISOR:		PHONE #:	
DATES EMPLOYED (MM/DD/YY):		TO	ELIGIBLE FOR REHIRE?		YES NO
Was this a travel assignment?					
FACILITY:		ADDRESS:		PHONE #:	
CITY:		STATE:	POSITION:		FULLTIME PARTIME
# OF BEDS:	SHIFT:	SUPERVISOR:		PHONE #:	
DATES EMPLOYED (MM/DD/YY):		TO	ELIGIBLE FOR REHIRE?		YES NO
Was this a travel assignment?					
FACILITY:		ADDRESS:		PHONE #:	
CITY:		STATE:	POSITION:		FULLTIME PARTIME
# OF BEDS:	SHIFT:	SUPERVISOR:		PHONE #:	
DATES EMPLOYED (MM/DD/YY):		TO	ELIGIBLE FOR REHIRE?		YES NO
Was this a travel assignment?					

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EMPLOYMENT APPLICATION AGREEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that falsification will be a basis for disqualification or termination of contract and reported to the State Board(s).

I authorize the investigation of all statements contained herein and the references listed above to give any and all information concerning my performance, conduct, and condition of health known to them, and I agree to hold harmless from liability for any cause, except willful falsification of data, arising from the release and use of said information, those who provide said information of those to whom this information is provided.

I understand and agree that, if hired, my employment is not for a definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without prior notice.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

Please mail or fax this application to the following.

Quik Travel Staffing, Inc.
175 E. Olive Ave, #101
Burbank CA 91502
800-554-2230
800-554-7501 Fax

Information Release Form

I understand that in processing my application with Quik Travel Staffing an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, motor vehicle records, personal references, and other job related data provided on this application, or via the interview process. I authorize appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquires or disclosures. A consumer report may be generated summarizing this information. I further understand and waive my right of privacy in this investigation and release and hold harmless Quik Travel Staffing from any liability. I agree that any decision to hire me is contingent upon the results of my report and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment. If employed, I further authorize Quik Travel Staffing to check my criminal background/conviction records, as needed, on a continuous basis as it relates to my employment. I am granting Quik Travel Staffing authorization to release confidential medical information upon the request from Quik Travel Staffing clients while I am actively working at the client's facility and /or during the profiling and placement processes.

Signature _____ Date _____

Print Name _____

SPECIALTIES

Please indicate the number of years and months of experience you have in these specialties. Include areas of float.

Specialty	Years	Mos.	Specialty	Years	Mos.
ICU			Medical		
CCU			Surgical		
Open Heart Critical Care			Telemetry		
SICU			Cardiac Stepdown		
Emergency Room			Neuro		
Geriatrics			Ortho		
Burn			Rhabilitation		
Gynecology			Dialysis		
GU			Diabetic		
Labor/ Delivery			Psych		
Post-Partum			Operating Room		
Nursery			Recovery Room		
NICU (indicate level)			Home Health		
Pediatrics			Nursing Management		
			Other (indicate)		

COMMENTS: _____

EMPLOYEE
 SIGNATURE: _____

DATE: _____

REVIEWED BY: _____

DATE: _____