

Independent Healthcare Staffing, Inc

~ Of Nurses, For Nurses, By Nurses ~

JOB APPLICATION

Please Print Clearly
Please Use Black Ink Only

Check one RN LPN/LVN RT RadTech CNA Med Tech Other _____

Shift Preference AM PM

Have you spoken to an IHS Recruiter? Yes Recruiter Name _____ No

Today's Date _____ Date Available for Work _____

Referred By (person, magazine, newspaper, tradeshow, other - please include name) _____

Name _____ Email Address _____

Current Address _____

City _____ State _____ Zip _____

Current Phone Number (____) _____ Permanent Phone Number (____) _____

Other Phone Number (Cellular, Pager, Other) Type _____ (____) _____

Permanent Address _____

City _____ State _____ Zip _____

Social Security Number _____

Can you provide proof of eligibility to work in the United States? Yes No

Emergency Contact (not living with you) _____ Phone (____) _____

EDUCATION

Schools Attended	Name and Location of School(s)	Graduated ?	Type of Degree
Nursing/Technical	_____	_____	_____
	_____	_____	_____
University or Others	_____	_____	_____
	_____	_____	_____

Are you fluent in medical terminology? _____

Page 1 of 4

List any additional education, skills, experience, or other relevant qualifications (e.g.- Flight Nurse, Nurse Practitioner)

CERTIFICATIONS & SPECIALIZATION

Professional License _____ State _____ Expiration Date _____

Or Technical Certificate _____ State _____ Expiration Date _____

(Please list all _____ State _____ Expiration Date _____
including expired)

Has your license or certification ever been under investigation? ____ Yes ____ No

If YES, please explain _____

CPR/BCLS Expiration Date _____ ACLS Expiration Date _____

NALS/PALS Expiration Date _____

NURSING APPLICANTS ONLY

Specialty you have performed proficiently in the last two years

Specialty _____ Years of Experience _____

_____ Years of Experience _____

_____ Years of Experience _____

Critical Care Course date and place _____

Special/National Certifications (i.e. Chemotherapy, CCRN, EKG, Telemetry, IABP, High Risk L&D, Cath Lab, etc.)

ADDITIONAL INFORMATION

Have you ever been convicted of a felony that would prohibit your employment at a health care facility? ____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No

Are you currently employed? ____ Yes ____ No

If YES, may we contact your employer? ____ Yes ____ No

I understand that certain positions for employment may require specific testing (i.e. pharmacology and specialty requirements).
I agree to participate in these tests. _____ Yes _____ No

Can you perform the basic functions of the position without reasonable accommodations? ____ Yes ____ No

If NO, what can be done to accommodate your limitation(s)? _____

EMPLOYMENT EXPERIENCE

You may attach your resume or complete the following. Start with your present or last job.
Do not omit reading the last page and signing this application.

Hospital _____ Full Time _____ Part Time _____
Address _____
City _____ State _____ Zip _____
Immediate Supervisor _____ Other Supervisor _____
Employment Dates: From _____ To _____
Position Held _____ Specialty/Unit _____
Types of Patients _____ Number of Beds _____
Percent of the time you were in charge _____ %

Was this a travel assignment? _____ Yes _____ No

Reason for leaving _____

Hospital _____ Full Time _____ Part Time _____
Address _____
City _____ State _____ Zip _____
Immediate Supervisor _____ Other Supervisor _____
Employment Dates: From _____ To _____
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Reason for leaving _____

I certify that the facts contained in this application are true and accurate. I understand that any misrepresentation or omission of facts called for is cause for dismissal. As a condition of employment, I understand and agree to submit to a drug screening and background investigation. I authorize the employer to investigate any and all statements contained herein and request the persons, firms, and/or corporations named above to answer any and all questions relating to this application. I release all parties from all liability the employer and any person, firm or corporation who provides information concerning my prior education, employment or character.

I understand that my employment is an employment at will and may be terminated at any time without prior notice.

Date _____ Printed Name _____ Signature _____

INDEPENDENT HEALTHCARE STAFFING, Inc. does not discriminate in respect to hiring, firing, compensation, and all other terms and conditions of privileges of employment on the basis of race, color, national origin, ancestry, sex, age, pregnancy or related medical conditions, marital status, religious creed, physical handicap not related to the ability to do the job, or a medical condition related to cancer or age.
