

Wise Medical Staffing, Inc.

JOB APPLICATION

(Please print clearly)..

Today's Date: _____ Date available for Work: _____

First _____ Middle Initial _____ Last _____

Full Name

E-Mail Address _____

Current Address _____

City _____ State _____ Zip _____

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

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 (____) _____

Type of Degree: RN ____ LPN/LVN ____ Respiratory Therapist ____ Radiology Tech ____

Certified Surgical Tech/OR Tech ____ Other (please specify) _____

Shift Preference: AM ____ PM ____ Either ____

Have you ever been convicted of a felony, any type of theft, fraud or violent crime? Yes _____ No _____

If yes, please explain conviction, when, where and disposition:

Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of your qualifications.

Professional Licenses / Technical Certificate

Type	Organization or State Issued	Date Issued	Number
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Type	Organization or State Issued	Date Issued	Number
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Type	Organization or State Issued	Date Issued	Number
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Have you ever had disciplinary action taken against you for any violations of the Practice Act pursuant to the state (s) that you have been or are currently licensed / certified in? Yes _____ No _____

Are you currently under investigation for any violations? Yes _____ No _____

EMPLOYMENT RECORD

(List last or present position first. If you have worked under any other name, please indicate where appropriate)

May we contact your present employer? Yes ___ No ___ Reason _____

Dates employed From: _____ Company Name: _____ Your Job: _____
 To: _____ Address: _____ Supervisor: _____
 Reason for leaving: _____ City / State / Zip: _____ Starting Salary: _____
 _____ Phone # : _____ Ending Salary: _____

Date Employed From: _____ Company Name: _____ Your Job: _____
 To: _____ Address: _____ Supervisor: _____
 Reason for leaving: _____ City / State / Zip: _____ Starting Salary: _____
 _____ Phone # : _____ Ending Salary: _____

Date Employed From: _____ Company Name: _____ Your Job: _____
 To: _____ Address: _____ Supervisor: _____
 Reason for leaving: _____ City / State / Zip: _____ Starting Salary: _____
 _____ Phone # : _____ Ending Salary: _____

Please explain periods of unemployment

Provide us with the names of at least four (4) professionals, not related to you, with whom you have worked within the last (3) three years

Name & Title	Address	Phone Number (s)

CERTIFICATION OF INFORMATION

Application must be signed and dated to be valid. Please read carefully, sign and date at the bottom.

- I understand that my filling out this application does not imply any promise of my employment with Wise Medical Staffing, Inc. I further understand that if I am employed, my employment will be at will, and, I may leave employment or the company may terminate my employment at any time, for any reason, or for no reason.
- I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.
- In consideration of y employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation may be terminated, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it’s president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period time, or to make any agreement contrary to the foregoing.
- I understand it is my sole responsibility to notify Wise Medical Staffing, Inc. if my assignment should end and to continue checking back with Wise Medical Staffing, Inc. to be re-assigned.
- I understand I may request accommodation if I am currently disabled or become disabled.
- I authorize Wise Medical Staffing, Inc. to investigate my previous employment and to make such other investigations as may be deemed necessary. I release Wise Medical Staffing, Inc. and my current and previous employers from all liability resulting from such information.
- I understand my application will be actively considered for a period of ninety (90) days. If I still desire a position with my company after this application expires, it will be my responsibility to fill out a new application and file it with the company.
- I understand it is my sold responsibility to immediately report any work related accidents at Wise Medical Staffing, Inc. and to my immediate supervisor.
- I understand I may be called upon to undergo a drug and / or alcohol screen at any time during y employment with Wise Medical Staffing, Inc. Failure to submit to a drug and / or alcohol screen will result in my immediate termination.

Signature _____

Date _____