



4236 Columbia Road, Martinez, GA 30907
 P. 706-496-2089 F. 706-504-4723
staff@oncallmedstaffing.com

Employment Application

Personal Information

Date Available to Work: ____/____/____ Date: ____/____/____
 Name: _____ Phone: (____) ____-____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email address: _____
 Social Security Number: ____-____-____

Medical Experience

APRN ____ RN ____ LPN ____ CNA ____ Other: _____
 Total Years of Experience: _____

Schedule Preference

Full-Time ____ Part-Time ____ PRN ____
 Open Availability? Yes ____ No ____ . If not, please specify availability below:

| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|---------|-----|-----|------|-----|-------|-----|-----|
| Day | | | | | | | |
| Evening | | | | | | | |
| Night | | | | | | | |

Emergency Contact Information

Name: _____ Phone: (____) ____-____
 Address: _____
 Relationship: _____

Education. Please fill out at least one of the following rows completely.

Graduate School: _____ State: _____ Year Graduated: _____

Degree Type: _____

Nursing School: _____ State: _____ Year Graduated: _____

Degree Type: _____

College/University: _____ State: _____ Year Graduated: _____

Degree Type: _____

Vocational/Technical: _____ State: _____ Year Graduated: _____

Degree Type: _____

Clinical Experience. Please identify amount of experience (in years) you have in each area listed below.

Critical Care: _____ Cardiac Cath Lab: _____ Emergency Room: _____

Telemetry: _____ Med/Surg: _____ Rehab: _____ Orthopedics: _____

Peds: _____ Labor&Delivery: _____ Operating Room: _____ Dialysis: _____

Psychiatric Nursing: _____ Other: _____

Professional Licensure

License Number: _____ State: _____

Additional states in which you currently hold professional license: _____

Have you ever held a license under a different name? _____ If yes, please list name and location:

If you answer yes to any of the following questions, please attach a separate sheet with circumstances, dates, and final outcome.

Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ No _____

Has your license or certification ever been investigated or suspended? Yes _____ No _____

Have you ever been name as a defendant in a malpractice claim? Yes _____ No _____

Employment Status

Are you a U.S. Citizen (yes) _____ (no) _____. If not a U.S. citizen, please indicate your immigration status:

HI-B Visa _____ TN Visa _____ Resident Alien _____ Other _____

Additional Information

How did you hear about us? _____

If referral, please indicate whom: _____

Have you ever applied with us before? Yes _____ No _____

If so, when? _____

Employment History. Include at least the last 5 years, beginning with your current or most recent position.

Employment Dates From (month/year): _____ / _____ To (month/year): _____ / _____

Hospital/Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Phone: (_____) _____ - _____

Supervisor Name and Title: _____

Last Wage Earned: _____

Reason for Leaving: _____

May we contact this employer? Yes _____ No _____

Employment Dates From (month/year): _____ / _____ To (month/year): _____ / _____

Hospital/Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Phone: (_____) _____ - _____

Supervisor Name and Title: _____

Last Wage Earned: _____

Reason for Leaving: _____

May we contact this employer? Yes _____ No _____

Employment Dates From (month/year): _____ / _____ To (month/year): _____ / _____

Hospital/Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Phone: (_____) _____ - _____

Supervisor Name and Title: _____

Last Wage Earned: _____

Reason for Leaving: _____

May we contact this employer? Yes _____ No _____

Employment Dates From (month/year): _____ / _____ To (month/year): _____ / _____

Hospital/Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Phone: (_____) _____ - _____

Supervisor Name and Title: _____

Last Wage Earned: _____

Reason for Leaving: _____

May we contact this employer? Yes _____ No _____

Employment Dates From (month/year): _____ / _____ To (month/year): _____ / _____

Hospital/Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Phone: (_____) _____ - _____

Supervisor Name and Title: _____

Last Wage Earned: _____

Reason for Leaving: _____

May we contact this employer? Yes _____ No _____

APPLICATION ACKNOWLEDGEMENT AUTHORIZATION AND RELEASE

I _____ certify that the information in this application and any supporting documentation is true, accurate, current and complete. I understand that any misstatement, misrepresentation, omission or falsification of facts on this application or supporting documentation may result in disqualification from further consideration or termination of contractual agreement.

I authorize On Call Staffing, LLC to investigate my employment history, professional licensure and credentials and to obtain any relevant information (including criminal background check) needed to make a decision regarding utilizing my services. I authorize On Call Staffing, LLC to contact any current or former employer, staffing companies through whom I have worked, state licensing boards, professional organizations, references, medical malpractice insurance carriers, educational institutions and any other sources of information about me to inquire about my background, education, work history, character, experience and clinical skills. I authorize On Call Staffing, LLC to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize On Call Staffing, LLC to disclose any of my performance appraisals, disciplinary records or skills assessments for the same purposes as above. I release On Call Staffing, LLC and any individual or entity providing information to On Call Staffing, LLC from all liability for any damages resulting from disclosure of this information.

I also understand and agree that passing a medical examination and/ or participating in a post – conditional offer medical screening may be required. If medical restrictions cannot be reasonably accommodated, my services may not be utilized as an independent contract nurse.

I consent that, subject to applicable state laws, On Call Staffing, LLC is a Drug Free Workplace and reserves the right to conduct drug screening and testing for reasonable suspicion at any time during our contractual agreement. Any violation of this policy shall result in termination of my services with On Call Staffing, LLC.

I understand and agree that nothing contained in this employment application or in granting of an interview creates an employment between On Call Staffing, LLC and myself. No promises regarding employment have been made to me. If any employment relationship is established, I understand that my employment will be terminable “at will”, that I will have the right to terminate my employment at any time, and that On Call Staffing, LLC will retain a similar right to terminate my services at any time.

Signature of Applicant: _____

Date: ____/____/____

On Call Staffing, LLC is an Equal Opportunity Employer

Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S. C s200d et seq.) and 45 C.F.R. Part 80, Section 504 of the Rehabilitation Act of 1973, as amended (29 U. S. C s794) and 45 C. F. R Part 84, and the Age discrimination Act of 1975 (42 U. S. C s6101 et seq.) and 45 C. F. R. Part 91, the agency adheres to an equal opportunity policy for all persons seeking contractual employment, and for all persons employed by the agency. On Call Staffing, LLC. does not discriminate on the basis of age, race, color, religion, military status, marital status, gender, gender preference, national origin, or disability.

HEPATITIS B VACCINATION STATUS

I _____ acknowledge that I am at risk of exposure or have been unknowingly exposed to Hepatitis B as a result of my employment and acknowledge that the Agency will arrange for me to receive the Hepatitis vaccine at no cost to myself. I:

_____ request that I receive the Hepatitis vaccine.

_____ **refuse the Hepatitis vaccine and hold harmless On Call Staffing.** I understand that by declining the vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

_____ have previously completed the Hepatitis B vaccine series.

_____ cannot receive the Hepatitis B vaccine series due to a medical contraindication.

Signature of Applicant: _____

Date: ____ / ____ / ____

NON-DISCLOSURE STATEMENT

I understand I may come in contact with confidential information, both clinical and personnel related, through written records, documents, ledgers, and internal verbal correspondence and communication.

I agree not to divulge or disclose to anyone directly or indirectly, either during or after my work with On Call Staffing, LLC any confidential information acquired during the course of my work with this organization.

I understand and acknowledge that in the event I breach any provision of this agreement, On Call Staffing, LLC in addition to any other legal remedies available to them, has the right to reprimand, suspend and/or terminate my working relationship with or without notice at their discretion.

I also agree not to serve as an expert witness in any case on behalf of any plaintiff wherein medical care was given by me, at any time during or after working with On Call Staffing, LLC.

Name: _____

Date: ____ / ____ / ____

Signature of Applicant: _____

On Call Staffing On - Boarding Checklist

Please note that we will need **ALL** of the items below completed and returned to our office. Documents can be returned in person, via fax, or mail.

____ Completed Application (Included in Application Package)

____ Resume

____ Copy of Professional License

____ Copy of BLS/ACLS/PALS (Both front and back)

____ Copy of Current PPD Results

____ Copy of Social Security Card

____ Copy of Driver's License

____ Completed I-9 Form (Included in Application Package)

____ Signed Contractors Agreement (Included in Application Package)

____ Background Check

____ Completed Skills Checklist (if applicable)