

SPECIALIZED MEDICAL RESOURCING



APPLICATION FOR EMPLOYMENT

**TOLL FREE (800) 440-1909 • FAX (866) 206-2900**

**NATIONAL OFFICE • 33 NORTH GARDEN AVENUE • SUITE 800 • CLEARWATER, FL 33755  
WESTERN DIVISION • 3838 MEDICAL DRIVE • SUITE 206 • SAN ANTONIO, TX 78229**

**[WWW.MEDSOURCETRAVELERS.COM](http://WWW.MEDSOURCETRAVELERS.COM)**

## PERSONAL DATA PROFILE

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Permanent Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Cellular / Pager: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you a U.S. citizen? Yes  No  Are you permitted to work in the United States? Yes  No

If yes, please list the following: Visa Classification: \_\_\_\_\_ Visa Expiration \_\_\_\_\_

Passport Number: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_

Have you ever been convicted of a work related crime? Yes  No  If so, when, where, and disposition:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any claims filed against you, professionally, or for any work related incident? Yes  No

If yes, please explain: \_\_\_\_\_

## TYPE OF WORK FOR WHICH YOU ARE APPLYING

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Available Start Date: \_\_\_\_\_ Shift Preferential:  Days  Evenings  Nights

Please Check all that apply:  Local Work  Part-time  Full-time  Nationwide Travel Assignments  
 Hospitals  Clinics  Dr.'s Offices  Other: \_\_\_\_\_

Are you employed now? Yes  No  If so, may we contact your PRESENT employer? Yes  No

Have you ever worked with an Agency before? Yes  No  If yes, please list company \_\_\_\_\_

List previous assignments: \_\_\_\_\_

Is this your first time applying with MedSource? Yes  No  How did you hear about MedSource?  Advertising  
 Trade Shows  Internet  Employee Referral \_\_\_\_\_  Other: \_\_\_\_\_

## PERMANENT PLACEMENT

Are you interested in being considered for permanent placement opportunities? Yes  No

If so, specify desired position and/or location: \_\_\_\_\_

## EDUCATION

Educational Institution: \_\_\_\_\_ City, State: \_\_\_\_\_ Year \_\_\_\_\_  
Type of Degree/Certification: \_\_\_\_\_ Major \_\_\_\_\_

Educational Institution: \_\_\_\_\_ City, State: \_\_\_\_\_ Year \_\_\_\_\_  
Type of Degree/Certification: \_\_\_\_\_ Major \_\_\_\_\_

Educational Institution: \_\_\_\_\_ City, State: \_\_\_\_\_ Year \_\_\_\_\_  
Type of Degree/Certification: \_\_\_\_\_ Major \_\_\_\_\_

## EMPLOYMENT HISTORY

*In addition to submitting a resume, please list complete employment history.*

Present / Previous Employer: _____		Phone: _____	
Dates of Employment: Start: _____	To: _____	Immediate Supervisor: _____	
Address: _____		_____	
Street	City	State	Zip Code
Reason for leaving: _____		May we contact this employer? Yes <input type="radio"/> No <input type="radio"/>	
Nature of Duties (fully explain): _____			
_____			
_____			

Present / Previous Employer: _____		Phone: _____	
Dates of Employment: Start: _____	To: _____	Immediate Supervisor: _____	
Address: _____		_____	
Street	City	State	Zip Code
Reason for leaving: _____		May we contact this employer? Yes <input type="radio"/> No <input type="radio"/>	
Nature of Duties (fully explain): _____			
_____			
_____			

Present / Previous Employer: _____		Phone: _____	
Dates of Employment: Start: _____	To: _____	Immediate Supervisor: _____	
Address: _____		_____	
Street	City	State	Zip Code
Reason for leaving: _____		May we contact this employer? Yes <input type="radio"/> No <input type="radio"/>	
Nature of Duties (fully explain): _____			
_____			
_____			

Present / Previous Employer: _____		Phone: _____	
Dates of Employment: Start: _____	To: _____	Immediate Supervisor: _____	
Address: _____		_____	
Street	City	State	Zip Code
Reason for leaving: _____		May we contact this employer? Yes <input type="radio"/> No <input type="radio"/>	
Nature of Duties (fully explain): _____			
_____			
_____			

# PROFESSIONAL REGISTRATION, LICENSE, OR ACCREDITATION

<u>National / State Registration</u>	<u>License Number</u>	<u>Expiration / Renewal Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CPR exp. \_\_\_\_\_  BCLS exp. \_\_\_\_\_  ACLS exp. \_\_\_\_\_  PALS exp. \_\_\_\_\_  NRP/NALS exp. \_\_\_\_\_

Are there any other Certifications, Experiences, Skills, or Qualifications that would be a specific benefit in the job for which you are applying?

\_\_\_\_\_

\_\_\_\_\_

## PROFESSIONAL REFERENCES

1. Name: \_\_\_\_\_ Facility and Position: \_\_\_\_\_  
Address: \_\_\_\_\_ (Area Code) Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Facility and Position: \_\_\_\_\_  
Address: \_\_\_\_\_ (Area Code) Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Facility and Position: \_\_\_\_\_  
Address: \_\_\_\_\_ (Area Code) Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that the information in this application is true and correct and the best of my knowledge. I authorize investigation of all matters contained in this application and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Acknowledgment of Conditions for Temporary Employment:

1. At the completion of each temporary assignment, I understand I must notify my MedSource Supervisor of my availability for additional assignments. Notification of availability may be made by telephone and must be made no later than 9:00 a.m. on the first business day following the last day of each and every temporary assignment. If I do not call, MedSource may assume that I am not available for additional temporary assignments. I understand that if I fail to make myself available for work that I may jeopardize the receipt of unemployment insurance benefits.
2. I understand that MedSource is a temporary medical staffing service and that I will only be assigned work based on my credentials and the availability of work to suit my credentials.
3. I understand that I am responsible for obtaining and maintaining licensure pertinent to any accepted assignment.
4. Employment is contingent upon the completion of satisfactory character and experience references.

### In the event of my employment, I agree that:

1. This employment application, by itself or together with other company documents or policy statements, does not create a contract of employment.
2. MedSource does not guarantee me the availability of assignments or guarantee the length of any assignment that I accept.
3. I may be evaluated periodically by appropriate personnel in order to satisfy the accreditation requirements of any health care facility that may engage my services.
4. Any amount of money owing to me, whether for wages, salary, or otherwise, shall become due only after my accounts has been duly verified.
5. My employment may be terminated by MedSource at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_