



**16654 Soledad Canyon Rd. Suite 419 Canyon Country, CA 91387**  
**Phone: (888) 640-7111 Fax: (661) 309-9073**

Thank you for your interest in MayDay Staffing Solutions! We are a nurse owned and operated registry. We are currently staffing throughout Southern California.

MayDay Staffing Solutions Started providing registry services in California in 2007. Since then, the business has grown at a rapid rate. We have hired many nurses and continue to secure additional contracts with facilities throughout the United States. We specialize in immediately staffing needs with facilities as well as travel assignments while giving you, the working nurse, the opportunity to schedule your shifts around your life rather than your life around your work.

**Are you excited about being a nurse?**

You should be!

- Nurses are in demand everywhere. Do you find your job meaningful, challenging and rewarding?
- Do you believe you can be any kind of nurse you want?
- Does Nursing allow you great flexibility?
- Is your Salary competitive? Are you able to arrange your hours to suit your lifestyle?
- Can you practice Nursing anywhere in the world?
- Do you believe that nothing feels better than knowing you make a difference?

As a nurse, you make the difference – between life and death, comfort and pain, knowledge and fear, freedom and dependence. You have great power as a nurse, but do you have passion? Imagine having that feeling every day. Nursing is a noble profession. We here at MayDay Staffing Solutions understand what it is to be a nurse. We are here to assist you and help you in all of your pursuits or passion.

MayDay Staffing Solutions! Knows that nurses are overworked and underappreciated but “we are the helping hands of healthcare.” We value and care about the nurses who come through our doors. We want nurses to have a better life: one with great autonomy, financial compensation and have the ability to be independent and happy in your practice as a nurse.

MayDay Staffing Solutions! Uses a tax-free advantage program to maximize your bottom line.

MayDay Staffing Solutions is on the forefront of technology, allowing you to see your payroll on-line, up-to-date schedule, and current licenses. Our website allows you to input your information and availability when it is convenient for you 24 hours a day. We will not contact you on the days that you show you are not available for shifts.

We are focused on service to you and community development both locally and nationally we look forward to working with you.

Sincerely,

The Staff at MayDay Staffing Solutions



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### REQUIRED DOCUMENTATION CHECKLIST

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Application Materials (forms provided in this application packet)

- Policies for the Nurse Employee
- Physical/Vaccination Document
- OccuScreen Form
- Background Investigation Release
- Medical Release Authorization Form
- Appendix A – Confidentiality Agreement
- Employment Application
- Skills Checklist(s)
- Two Professional References

\*Please be sure to complete all of the skills checklists that apply to you. If you do not have the correct skills checklists, please contact MayDay Staffing Solutions or download it at [maydayss.com](http://maydayss.com)

2. Licenses, Professional Certifications

- Copies of all current nursing licenses and professional certifications
- Copies of all CPR cards
- Copies of all additional resuscitation credentials (ACLS PALS, etc.)
- Copies of your drivers' license
- Copies of your social security card
- Malpractice Insurance

3. Medical Documentation

- A current physical
- Hepatitis B documentation (vaccination series of three titer, booster, or signed declination)
- A TB screen current within 12 months or chest X-ray current within two years
- Proof of immunity to Rubeola, Rubella and Mumps
- Proof of immunity to Varicella (positive titer of Varivax inoculation)
- Tetanus within 10 years, or signed declination

Please note all items must be completed with attached copies before you can be scheduled to work.

**Return this sheet with appropriate attachments**

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Signature

Date



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**Policies for the Nurse Employee**

1. Office hours are from 8:00 A.M. to 5:00 P.M., Monday to Friday. If you have any concerns or problems that might affect your work performance, notify staff through phone number 916-332-9714
2. Must maintain a current Mantoux/X-ray; otherwise you will not be able to work.
3. Must maintain a CPR licensure at all times. CPR classes are offered at Red Cross.
4. Uniform should be in professional taste, scrubs, no logos or advertisement of alcohol, profanity or sayings considered by social norms as political, racial or demeaning to any race, gender or sexual orientation.
5. You are to wear your badge at all times at each facility.
6. You must be on time! If you are going to be late, please call us. Otherwise, pre-scheduling privileges will not be applied to a contractor or to those who are consistently late. No call and no show is cause for termination.
7. Late cancellation guidelines: 6 hours notice must be given in order to cancel a shift. If you do not cancel within the time period or do not show up for your scheduled shift, you may be liable for any fees or cost MayDay Staffing Solutions incurs from your absence.
8. Weekly compensation: Checks will be available for pick up on Friday from 8:00 AM to 5:00 PM unless, prior arrangements have been made, they will be mailed out Friday after 5:00PM.
9. Holiday Rates: Holiday shifts are paid time and one half the regular rate. Holiday begins on the night (11-7) and ends (3-11), with the exception of Christmas and New Year which begins Christmas Eve and New Years Eve (3-11) and Christmas and New Year day (3-11) shift. Holidays: Thanksgiving, Independence Day, Memorial Day and Labor Day.
10. All timesheet must be in every Monday faxed or dropped off before 12 noon, no exceptions!! If you turn in your timesheet after 12 noon, you will be compensated the following week.
11. Don't hold your time cards more than a week; otherwise delayed payment from facility will occur.
12. Update us if you change your contact information.
13. Preliminary Drug Screen is required. You cannot be staffed until this is done.
14. INSURANCE...we ENCOURAGE Professional Liability Insurance from all our employees. If you do not have professional liability insurance, you should purchase it through an insurance carrier of your choice.
15. If you are called off for the scheduled shift within less than 1 ½ hours, you will be compensated for two working hours. However, any call off for more than 1 ½ hours will not be compensated (i.e. MMS calls you off at 1:15 PM for a 3-11 shift – no compensation, if you are called off at 1:35 PM then you will be compensated for 2 hours.)

My signature below confirms that I have carefully read and understand the policies written above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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Please submit supporting documentation of immunization records and lab results. DO NOT delay
Sending your completed application and other forms to Mayday Staffing Solutions. This form, or
Proof of physical, needs to be on files prior to the start of your employment.

TB Skin Test Date Results
Chest X-Ray (If TB test positive) Date Results
Rubella Titer ( ) MMR ( ) Date Results
Rubeola Titer ( ) MMR ( ) Date Results
Mumps Titer ( ) MMR ( ) Date Results
Varicella Titer ( ) Varivax ( ) Date Results
Hep B Titer ( ) Booster ( ) Date Results
Hep B Series Date Date Date
Tetanus ( ) Date

I have examined the individual named above, and to the best of my knowledge, he/she is in good physical
And a mental health, frees of any communicable diseases, and is able to function in his/her profession at
full capacity. By signing below, I certify that the above information is valid.

Physician Signature Date

Printed Physician Name Date

HEPATITIS B VACCINATION

I understand that due O.S.H.A. Regulations states that all health care professionals with occupational exposure to blood borne
pathogens must be offered the hepatitis B vaccinations. You have been determined to be at risk to blood borne pathogens.

- A. I decline the hepatitis B vaccination
B. I am interested in getting the hepatitis B vaccination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring
hepatitis virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B 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, I want to be vaccinated with hepatitis B vaccine. I can receive the vaccination series.

INITIAL

TETANUS VACCINATION DECLINATION

I understand that I have been requested to supply proof of Tetanus vaccination or agree to the vaccination prior to placement with MSS.
However, I decline the Tetanus vaccination. Further, I understand that my refusal may limit my placement options in that I understand I
cannot be placed at a MSS client (hereinafter "Facility") that requires the Tetanus Vaccination.

INITIAL

Therefore, in consideration of my employment with MayDay Staffing Solutions and placement at a Facility, I agree to hold
harmless both Facility and MayDay Staffing Solutions, their owners, directors, employees, staff, and agents, from any and all
liability arising out of my refusal of the Tetanus vaccination.

Signature

Date



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OCCUSCREEN

The clear choice in employment screening.

PHONE 888-833-5304

FAX 877-464-5656

DISCLOSURE AND RELEASE FORM

Client:

MAYDAY STAFFING SOLUTIONS

Phone:

888-640-7111

Requested By:

SEARCHES REQUESTED (Check all that apply)

Social Security Trace

County Criminal Records Search

Sex Offender Registry

National Criminal Database

Federal Criminal Search

Motor Vehicle record

Education Verification

Employment Verification

DISCLOSURE AND RELEASE

In connection with my application for employment/promotion/ (including contract for services) with you, I understand that consumer reports, which may contain public information, may be requested from Occuscreen, LLC. I authorize, without reservation, any party or agency contacted by Occuscreen, LLC or one of its agents to furnish above-referenced information. I have the right to make a request of Occuscreen, LLC, upon proper identification, of the nature and substance of all information in its files on myself at the time of my request, including the sources of information; and the recipients of any reports on myself, which Occuscreen, LLC has previously furnished within the two year period preceding my request.

I request a copy of the consumer report.

SIGNATURE

DATE

(If under 18) GUARDIAN SIGNATURE

PRINT CLEARLY IN INK: EXACT LEGAL NAME AND ANY OTHER NAME(S) USED IN THE PAST 7YRS

FIRST MIDDLE

LAST

SOCIAL SECURITY NUMBER BIRTH DATE

CURRENT ADDRESS STREET ADDRESS APT #

CITY STATE ZIP

DRIVERS LICENSE STATE

OTHER NAMES USED (Previous 7 years only)

(1) (2) (3)

PLEASE PROVIDE CITY AND COUNTY INFORMATION FOR YOUR RESIDENCE COVERING A PERIOD OF SEVEN (7) YEARS BEGINNING WITH YOUR MOST CURRENT ADDRESS

CITY COUNTY STATE ZIP FROM TO

FAX THIS DOCUMENT TO OCCUSCREEN, LLC OPERATIONS AT 877-464-5656.



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**BACKGROUND INVESTIGATION RELEASE**

I, \_\_\_\_\_, Date of Birth \_\_\_\_\_,  
Social Security Number \_\_\_\_\_, do hereby authorize MSS to conduct a background investigation into the following areas of my employment history: current and previous employment, education professional certificates or Degrees, criminal and civil records.

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

**ADDRESS INFORMATION**

Current Address \_\_\_\_\_

Length at current address \_\_\_\_\_ (if less than 5 years, please provide previous addresses)

Previous Address (1) \_\_\_\_\_ Length \_\_\_\_\_

Previous Address (2) \_\_\_\_\_ Length \_\_\_\_\_

**AUTHORIZATION RELEASE**

I hereby authorize any person, agent, corporation, company, agency, or institution, to release any information, documents, or assessments they possess or my performance as an employee, student, associate, or acquaintance. I release, and permanently hold harmless, MayDay Staffing Solutions, their agents and assignments from demands or liabilities that may originate from these investigations, conducted by them or their agents, any person, corporation, company, institution that may act upon the authority of this release.

I hereby authorize that a photocopy or electronic facsimile of this document shall serve as an original. If a notarized copy of this document is required for background check, the notarized copy will be provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### MEDICAL RELEASE AUTHORIZATION

You may substitute this form if you have a current physical within the last two years.  
Please provide a copy for your file.

**DO NOT DELAY** sending your completed application and other forms to MayDay Staffing Solutions . This forms, or proof of physical needs, are to be on file prior to the start of your employment.

I, \_\_\_\_\_, do hereby authorize  
Print Name

\_\_\_\_\_ To release to MSS  
Print Physician Name

and any of its client hospitals or institutions any information acquired in my recent medical examination, which is relevant to my employment as a healthcare professional.

\_\_\_\_\_  
Signature