



499 N. Canon Drive, Suite 400, Beverly Hills, CA 90210

Phone: (888) 640- 7111 Fax: (661) 309-9073

Employment Application

It is the policy of MayDay Staffing Solutions to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religion, gender, sex, age, national origin, physical or mental disability, pregnancy, mental status, military service, or any other basis prohibited by federal, state law.

This form is a professional document. It must be completed, true and accurate. Falsification of professional documents by omission or false statements is an offense reportable to the State Board.

Last Name _____ First Name _____ M.I. _____

Maiden Name and/or Other Name Practiced Under _____

SS# _____

Current Address _____

City, State, Zip _____

Current Phone _____ Cell Phone _____

Permanent Phone _____ E-Mail _____

EMERGENCY CONTACT (not living with you)	ADDRESS & PHONE NUMBER

My Preferences

Date I am available to start: _____

Hours I am available to work: _____

Location Preferences:

1. _____

2. _____

3. _____



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Type of Degree / Certification

RN PA NP MA LVN LPT CNA

Professional Licenses / Technical Certificate

STATE _____ LICENSE _____ EXP. DATE _____

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Special Certifications

CPR/BLS Exp. Date _____

PALS Exp. Date _____

ACLS Exp. Date _____

OTHER:

_____ Exp. Date _____

_____ Exp. Date _____

	SCHOOL NAME / LOCATION	PROGRAM	YEARS	GRADUATE? (YES OR NO)	DEGREE
COLLEGE UNIVERSITY					
COLLEGE UNIVERSITY					
COLLEGE UNIVERSITY					
BUSINESS TRADE/TECH					
HIGH SCHOOL					

PREVIOUS EXPERIENCE

- Acute: Years _____ Months _____
- Ambulatory Care: Years _____ Months _____
- OR Services: Years _____ Months _____
- Supervision/Mgmt: Years _____ Months _____
- Ancillary Services: Years _____ Months _____
- ER Services: Years _____ Months _____
- ICU Services: Years _____ Months _____
- Med Surg: Years _____ Months _____
- Other: _____ Years _____ Months _____

AGE SPECIFIC COMPETENCY

- Neonates/Newborns (birth – 30 days)
- Infants (30 days – 1 year)
- Toddlers (1 – 3 years)
- Preschooler (3 – 5 years)
- Older Children (5 – 12 years)
- Adolescent (12 – 18 years)
- Young Adult (19- 39 years)
- Middle Adult (40 – 64 years)
- Older adults/Geriatrics (64 + years)



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Have you ever held a Nursing License under any other name? YES NO
 If YES, list name _____

Have you ever had any professional disciplinary action taken against any of your licenses? YES NO

Have you ever been named as a defendant in a malpractice action or an action involving a claim of dishonesty or violence? YES NO

Have you ever been convicted of a felony or a crime involving dishonesty or violence? YES NO

Are you presently or currently out on bail and/or awaiting trial? YES NO

Is there any reason MayDay Staffing Solutions would not be able to assign you to any employer that you listed? YES NO

MayDay Staffing Solutions may investigate your background to ascertain and obtain any and all information of concern to your record, whether same is of record or not, including without limitation matters of public record. "Public records" are defined as "records documenting arrest, indictment, conviction, civil judicial action, tax, lien, or outstanding judgment."

----- If yes to any of the above questions, attach a separate sheet with explanation-----
 (A positive response to any of the above questions will not necessarily be a bar from contractual opportunity)

Are you a United States Citizen? YES NO

If NO, do you have a Resident Alien card or work permit? (List Alien number and attach) YES NO

PLEASE PRINT CLEARLY. LIST ALL FULL AND PART TIME HEALTHCARE EMPLOYMENT DURING THE PAST FIVE YEARS, BEGINNING WITH YOUR MOST RECENT EMPLOYER. If you have had more than 3 employers during the past 5 years, ask for an additional employment history. Resumes are accepted, but do not replace contractor application.

May we contact your current employer? YES NO Are you tired of answering questions? YES NO

----- If yes to the last question, then please realize that you're almost through this thing-----

Employment History	
Employer Name _____	Address _____
City, State, Zip _____	Position Held _____
Department/Floor/Unit _____	Specialty _____
Shift _____	Hourly Rate _____
Name of Supervisor _____	Phone # _____
Start Date _____	End Date _____
Reason for Leaving _____	
Duties _____	

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PERSONAL REFERENCES NAMES	RELATIONSHIP	ADDRESS	PHONE #	YEARS KNOWN

I, the undersigned employee, do hereby certify by my signature on this document that I am able without limitation to practice and perform all of the duties of my professional designation, that I am licensable without limitation and that no complaints or investigations are pending against my license(s) or professional designation. Furthermore the statements herein are true and complete to the best of my knowledge. I do hereby request, direct and give permission to any AND all physicians, RNs, contractors, employers, and their employees, agents, designated or authorized representatives to release any and all information concerning my performance, conduct, and nursing practice known to them, and I agree to hold harmless from liability for any cause, except willful falsification of data, arising from the releases and information relating to my previous, current and future contractor positions in the company database, and the use of this information Quality Assurance Activities permitted by law.

I agree and understand that representatives of MayDay Staffing Solutions may investigate my background to ascertain and obtain any and all information of concern to my record, whether same is of record or not, including without limitation matters of public record. "Public records" are defined as "records documenting arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment." I understand and agree that I have a right to receive a copy of such public record information directly obtained by MayDay Staffing Solutions. I understand and agree that I will not receive a copy of such public record information if I check the box below waiving my right to such information. I release MayDay Staffing Solutions, its employees and all persons from any liability for furnishing such information.

I waive my right to a copy of public record information obtained by MayDay Staffing Solutions. *Please initial.*
 YES NO

I agree and understand that this Application for Employment in no way obligates MayDay Staffing Solutions to employ me.

Offers of employment are conditional and contingent on the successful completions of a pre-employment drug test, post job offer physical, fingerprint clearance, and background investigation.

Furthermore, I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment at any time for any reason not prohibited by state or federal law.

Signature

Date