

APPLICATION

Please enter your full legal name as it appears on your Social Security Card

| | | | |
|---|-------------------|-----------------------------------|---------------------|
| Last Name | First Name | Middle Name | Social Security No. |
| Current Address: | | | |
| Street Address | City | State/Province | Zip/Postal Code |
| Permanent Address (if different): | | | |
| Street Address | City | State/Province | Zip/Postal Code |
| Home Phone: _____ | Work Phone: _____ | Mobile Phone: _____ | |
| Email Address: _____ | | Best time/day to reach you: _____ | |
| Other names under which you have been employed: _____ | | | |
| Discipline: _____ | | Other/Secondary Discipline: _____ | |
| Current Specialty: _____ | | Other/Secondary Specialty: _____ | |
| How did you hear about us? <input type="checkbox"/> Internet <input type="checkbox"/> Magazine <input type="checkbox"/> Convention <input type="checkbox"/> Referral/Other: _____ | | | |
| Date available to work: _____ | | | |
| Name of Emergency Contact: _____ | | Relationship: _____ | Phone: _____ |
| Street Address | City | State/Province | Zip/Postal Code |
| | | | |

LICENSURE (Include photocopies of licenses held.)

| | | | |
|---------------------|-----------------------|-----------------------|------------------------|
| License Type: _____ | License Number: _____ | State/Province: _____ | Expiration Date: _____ |
| License Type: _____ | License Number: _____ | State/Province: _____ | Expiration Date: _____ |

CERTIFICATION (Include photocopies of certification held.)

| | | |
|--|---|---|
| <input type="checkbox"/> ACLS Exp. Date: _____ | <input type="checkbox"/> CNOR Exp. Date: _____ | <input type="checkbox"/> NRP Exp. Date: _____ |
| <input type="checkbox"/> BLS Exp. Date: _____ | <input type="checkbox"/> CNRN Exp. Date: _____ | <input type="checkbox"/> PALS Exp. Date: _____ |
| <input type="checkbox"/> CCRN Exp. Date: _____ | <input type="checkbox"/> ENPC Exp. Date: _____ | <input type="checkbox"/> RNC Exp. Date: _____ |
| <input type="checkbox"/> CEN Exp. Date: _____ | <input type="checkbox"/> FHM Exp. Date: _____ | <input type="checkbox"/> TNCC Exp. Date: _____ |
| <input type="checkbox"/> CHEMO Exp. Date: _____ | <input type="checkbox"/> Other: _____ | Exp. Date: _____ |

Have you passed the NCLEX? Yes No

Have you ever had your license or certification in any state, investigated, suspended or had disciplinary action taken against it? Yes No

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

Driving under the influence is not considered a minor traffic violation. Exceptions due to state employment law: Conviction(s) that have been sealed, expunged, or eradicated and California Health & Safety Code §§11357 (b) & (c), 11360(c), 11364, 11365, 11550 marijuana-related convictions over 2 years old, should not be revealed.

Have you ever been named as a defendant in a professional liability action? Yes No

If you responded "Yes" to any of the above, please attach a separate sheet with explanation.

Are you either a U.S. Citizen or can you submit verification of your legal right to work in the U.S.? Yes No

If you will be employed on a visa, please specify type of work visa: _____

| EDUCATION | Name and Location of School | Graduation date | Diplomas/Degrees Received |
|------------------------------|-----------------------------|-----------------|---------------------------|
| College | | | |
| Graduate School | | | |
| Other School (if applicable) | | | |



EMPLOYMENT PROFILE

Applicants Name: _____

Complete for any positions you have held for the past five (5) years. It is NurseRx's policy to verify and reference the employment history of each applicant. The contacts listed may be contacted for employment verification or references

Facility/Employer Name: _____ Unit/Floor/Dept: _____
City: _____ State/Providence: _____ Zip/Postal Code: _____ Country: _____
Dates Employed: From _____ To: _____ Reason for leaving: _____
Position Held: _____ Discipline: _____ Unit Specialty: _____
Supervisor's Name and Title: _____ Phone: _____
Other Supervisor Name: _____ Phone: _____
Travel Assignment? No Yes - Company: _____ Local Staff Agency? No Yes - Agency: _____

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Please document reasons for periods you were not employed.

I attest that I am the applicant and the information provided in this application is complete and accurate, to the best of my knowledge. Providing incomplete or inaccurate information may result in disqualification from the program, and may be a violation of state law(s) that could result in civil penalties. The Company is authorized to obtain information from my current and previous employers, and to release information in support of my application (application, references, background search results, etc.) to the Company's client institutions. The Company may also share information regarding my employment with its affiliates and appropriate governmental or licensing entities; and send me employment opportunity-related information at fax numbers or email addresses that I provide. I understand that the Company, certain states and/or Client institutions may require criminal background checks, and I consent to such checks. Prior to conducting any background checks that qualify as consumer or investigative consumer reports, I will be provided, and will return, separate disclosure and acknowledgement forms as required by the Company. I agree, in consideration of your employing me, that I will not seek or accept employment, either directly or indirectly in any capacity from any client of NurseRx's to whom I have been assigned, until I have sought and obtained written approval from branch management. I also agree that I will not solicit these clients on my behalf, nor on the behalf of any future employer(s).

Signature: _____ Date: _____