JOB APPLICATION

Please Print Clearly and Use Black/Blue Ink Only

Fax Complete Application to 859-715-0555

Date Available for Work _____

First Name _____ Middle Name _____ Last Name _____

Email Address _____

Current Address _____

City _____ State _____ Zip _____

Address #2 (If you have a P0 Box for your main address, please provide a *non- PO Box* address) _____

City _____ State _____ Zip _____

Current Phone Number (____) _____ Permanent Phone Number (____) _____

Other Phone Number (Cellular, Pager, Other) Type _____ (_____) _____

Permanent Address _____

City _____ State _____ Zip _____

Social Security Number _____ Birth Date ____/____/____ (MM/DD/YY)
Required upon employment

Can you provide proof of eligibility to work in the United States? □ Yes □ No

Emergency Contact (not living with you) _____ Phone (____) _____

Type of Profession: □ RN □ LPN □ CNA □ Sitter □ Other_____

Shift Preference: □AM □PM □Either

Education

Name and Location of School(s)	Graduated (Date)	Type of Degree

LICENSURE

(Please list all including *expired)*

State	Professional License #	Expiration Date

Has your license or certification ever been under investigation? □ Yes □ No

If YES, please explain _____

Has your license or certification ever been revoked or under suspension? □Yes □No

If YES, please explain _____

PROFESSIONAL CERTIFICATIONS

(Please list all certifications. Ex., CCRN, RNC-NICU, QCN, CRRN)

Type	Expiration Date

RESUSCITATION CREDENTIALS

Please indicate your resuscitation credential(s) by placing the expiration date next to the appropriate credential in the below table.

Resuscitation Credential	Expiration Date	Resuscitation Credential	Expiration Date
ACLS		NRP	
BLS		PALS	
EN PC		TNCC	

CONTINUING/ PROFESSIONAL EDUCATION

Course Name	Date	CEUs Earned

SPECIALTY SKILLS

Please identify with a check v' any of the skills listed below, for which you have completed organized training or unit experience and which you have at least six months experience.

	Skill		Skill
	Arrhythmia Interpretation		IV Catheter Insertion
	Chemotherapy Administration		IV Conscious Sedation
	Chemotherapy Administration Credentialed		LVAD
	CVVN, CAVH, or CRRT		Mechanical Ventilation
	Fetal Monitoring		PICC Line Insertion
	Hemodialysis		Peritoneal Dialysis
	Intra-Aortic Balloon Pump		Sheath Removal
	Intracranial Pressure Monitoring		Transport Skills

If you have other specialty skills experience (ex., case management, infection control, other monitoring, other), please list below:

_____

_____

ADDITIONAL INFORMATION

Have you been convicted of a felony that would prohibit your employment at a health care facility? □Yes □ No

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." (Exclude minor traffic violations) □Yes □ No

If yes, give details _____
(A conviction will not necessarily disqualify an applicant for employment.)

Are you currently employed? □Yes □ No

If YES, may we contact your employer? □Yes □ No

Do you have any physical or mental conditions that would inhibit or restrict your ability to perform the essential functions of your job? □Yes □ No

If YES, would you be requesting any accommodations to aid you in fulfilling the essential duties of your job? □Yes □ No

If YES, what are they? _____

Are you a graduate from a foreign Nursing School (including Canada)? □Yes □ No

Do you have one to two years of current experience? □Yes □No

Do you carry your own medical malpractice insurance? □Yes □ No

If yes, please list Carrier name and address and policy number. _____

Please check all that apply:

□ I would like to be considered for positions with NurseStat LLC where I may need to travel to an assignment.

Date available for assignment _____

□ I would like to be considered for positions where a labor dispute may exist.

EMPLOYMENT EXPERIENCE

Please fill this information out for any job you have been employed at within the past 2 years.
Please list your most recent jobs first. Make additional copies if necessary.

Your Name: _____ *Social Security #* _____ *Date:* _____

Employment Dates From ____/____/____ (MM/DDIYY) *To* ____/____/____ (MM/DD/YY)

Hospital/Facility _____ Agency (if used) _____ □ Full Time □ Part Time

Address _____ City _____ State _____ Zip _____

Immediate Supervisor _____ May we contact this employer? □ Yes □ No

Specialty/Unit _____ Types of Patients _____

Number of Beds _____ Supervisory experience? □ Yes □ No Was this a supplemental* assignment? □ Yes □ No

Position: □ RN □ LPN □ CNA □ Other _____

Reason for leaving _____

Employment Dates From ____/____/____ (MM/DD/YY) To ____/____/____ (MM/DD/YY)

Hospital/Facility _____ Agency (if used) _____ □ Full Time □ Part Time

Address _____ City _____ State _____ Zip _____

Immediate Supervisor _____ May we contact this employer? □ Yes □ No

Specialty/Unit _____ Types of Patients _____

Number of Beds _____ Supervisory experience? □ Yes □ No Was this a supplemental* assignment? □ Yes □ No

Position: □ RN □ LPN/LVN □ CNA □ Other _____

Reason for leaving _____

Employment Dates From ____/____/____ (MM/DDIYY) To ____/____/____ (MM/DD/YY)

Hospital/Facility _____ Agency (if used) _____ □ Full Time □ Part Time

Address _____ City _____ State _____ Zip _____

Immediate Supervisor _____ May we contact this employer? □ Yes □ No

Specialty/Unit _____ Types of Patients _____

Number of Beds _____ Supervisory experience? □ Yes □ No Was this a supplemental* assignment? □ Yes □ No

Position: □ RN □ LPN □ CNA □ Other _____

Reason for leaving _____

***Supplemental includes travel, per diem, and local staffing assignments.**

EMPLOYMENT EXPERIENCE CONT'D

Please fill this information out for any job you have been employed at within the past 2 years.
Please list your most recent jobs first. Make additional copies if necessary.

Your Name. _____ *Social Security #* _____ *Date.* _____

Employment Dates From ____/____/____ (MM/DD/YY) *To* ____/____/____ (MM/DD/YY)

Hospital/Facility _____ Agency (if used) _____ □ Full Time □ Part Time

Address _____ City _____ State _____ Zip _____

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Specialty/Unit _____ Types of Patients _____

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Reason for leaving _____

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Position: □ RN □ LPN/LVN □ CNA □ Other _____

Reason for leaving _____

***Supplemental includes travel, per diem, and local staffing**

REQUEST FOR REFERENCE

I authorize, _____ from _____
(Name of Healthcare Professional's Manager) (Facility Name and Address)
to release information about me for the purpose of supplying a reference check.

_____ _____
Signature Date

Social Security Number of Healthcare Professional: _____

How would you rate this former employee?

_____ has applied for a nursing position with NurseStat LLC and has
(Name of Healthcare Professional)
given us your name as a professional reference. We would appreciate it if you would evaluate the applicant's past performance and make any additional comments you feel might assist us in making our decision in hiring this Healthcare Professional. Your comments will be kept in strict confidence.

Name and Title of Reference: _____ Phone Number _____

Facility Name- _____ Address: _____ City, St Zip: _____

Dates Healthcare Professional was employed: From _____ To _____

Healthcare Professional's Title _____ Clinical Area Worked _____

	Exceeds Expectations	Meets Expectations	Meets Some Expectations	Does Not Meet Expectations
Quality of Work	□	□	□	□
Productivity	□	□	□	□
Professionalism	□	□	□	□
Emotional Stability	□	□	□	□
Flexibility	□	□	□	□
Dependability	□	□	□	□
Enthusiasm	□	□	□	□
Leadership Ability	□	□	□	□
Communication Skills	□	□	□	□
Attendance/Punctuality	□	□	□	□
Appearance	□	□	□	□
Customer Service Skills	□	□	□	□

Reason this Healthcare Professional left your facility: □ Terminated □ Lay-off □ Resigned □ Temporary

Comments (please continue on back, if necessary) _____

_____

_____

Would you hire this Healthcare Professional again? □ Yes □ No

Signature _____ Date _____

Please return this form to:
NurseStat LLC
672 Kennedy Bridge Road
Harrodsburg, KY 40330

Or fax to: 859-715-0555

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Professionalism	□	□	□	□
Emotional Stability	□	□	□	□
Flexibility	□	□	□	□
Dependability	□	□	□	□
Enthusiasm	□	□	□	□
Leadership Ability	□	□	□	□
Communication Skills	□	□	□	□
Attendance/Punctuality	□	□	□	□
Appearance	□	□	□	□
Customer Service Skills	□	□	□	□

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