

**NOTE:** Please use the back of this application or the additional space provided in the application to specify if faxing or mailing. If emailing just type all information in the boxes provided we will receive it Thank You, HR.

# Employment Application



SteadFast Medical Staffing, LLC.  
 5750 Chesapeake Blvd Suite305  
 Norfolk, Virginia  
 U.S.A.  
 23513  
 Phone: 757-215-5716  
 Fax: 757-858-6922  
 www.steadfastmedicalstaffing.com

**Date:**

**FIRST Name:**

**LAST Name:**

**Address:**

**Address:**

**State/Providence**  **Country**

**Zip/Postal Code:**

**SS Number:**

**Home Phone:**

**Cell Phone:**  **email:**

## Job Information

**Positions Applied for:**  RN  NP  LPN/LVN  CNA  ST  TECH  OTHER SPECIFY:

**Shifts Available to Work:**  
 7AM-3PM  3PM-11PM  11PM-7AM  7AM-7PM  7PM-7AM  CALL  OTHER SPECIFY:

### TYPE OF AASSIGNMENT YOU ARE AVAILABLE FOR

Full-Time  part-time  Full or part-time  Travel  Per Diem  Permanent

### AREA OF WORK DESIRED

HOSPITAL  HOME HEALTH  LONG-TERM-CARE  REHAB  OTHER SPECIFY:

CLINIC SPECIFY:

### DAYS OF THE WEEK AVAILABLE

MON  TUE  WED  THUR  FRI  SAT  SUN

### LANGUAGE SKILLS OTHER THAN ENGLISH

SPANISH  FRENCH  GERMAN  OTHER SPECIFY:

### WORK EXPERIENCE / SKILLS (PLEASE LIST ALL THE NUMBER OF YEARS YOU HAVE EXPIERENCE IN EACH AREA (MIN 1 YEAR REQUIRED))

BURN	<input type="text"/>	SICU	<input type="text"/>	DETOX /DRUG REAHAB	<input type="text"/>	STEPDOWN	<input type="text"/>
L&D	<input type="text"/>	PICU	<input type="text"/>	DIALYSIS	<input type="text"/>	ER	<input type="text"/>
POST PARTUM	<input type="text"/>	NURSERY	<input type="text"/>	GERIATRIC	<input type="text"/>	RECOVERY ROOM	<input type="text"/>
MOTHER /BABY	<input type="text"/>	PEDIATRICS	<input type="text"/>	ORTHOPEDECS	<input type="text"/>	TELEMETRY	<input type="text"/>
MICU	<input type="text"/>	CCU	<input type="text"/>	ONCOLOGY	<input type="text"/>	OPEN HEART	<input type="text"/>
NICU	<input type="text"/>	ENT	<input type="text"/>	OR	<input type="text"/>	PSYCHIATRY	<input type="text"/>
PACU	<input type="text"/>	REHAB	<input type="text"/>	MED /SURG	<input type="text"/>	NEUROLOGY	<input type="text"/>

**When available to begin work?**  **Salary Desired:**

## Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

### ADDITIONAL INFORMATION

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES OF AMERICA?

YES  NO

IF NO ARE YOU INTERESTED IN BEING SPONSORED TO WORK IN THE UNITED STATES OF AMERICA?

YES  NO

**NOTE** SPONSORSHIP REQUIRES YOU COMMIT TO WORK FOR US FOR AT LEAST 3 YEARS AT THE MINIMUM

ENTER THE APPROXIMATE DATE YOU ARE AVAILABLE TO IMMIGRATE TO THE UNITED STATES OF AMERICA

**SHOULD YOU BECOME EMPLOYED BY STEADFAST MEDICAL STAFFING YOU WILL BE REQUIRED TO PROVIDE TO PROVIDE THE PROPER DOCUMENTATION PROVING YOUR ELIGIBILITY**

Have you ever been convicted of a crime:  yes  no

If yes, please explain

Do you have a drivers license?  yes  no

State of issue:

Have you had any accidents in the past 3 years?

yes  no

How many?

Do you had any moving violations in the past 3 years?

yes  no

How many?

### EMERGENCY CONTACT

NAME

RELATION

PHONE NUMBER

NAME

RELATION

PHONE NUMBER

# Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

### 3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

Skills:

Typing:

Computer:  PC  Mac  Both

Applications (list all that apply):

Other Skills:

**Please list 2 references other than relatives and previous employers**

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

**SteadFast Medical Staffing, LLC Is An Equal Opportunity Employer.**

**Applicant Acknowledgement**

**I certify** that the information in this application is accurate, current and complete. I understand that mis-statements or omissions may result in disqualification from further consideration or termination of employment.

**I authorize** SteadFast Medical Staffing, INC. (SMS) to investigate my employment history, credentials and to obtain any relevant information (including a criminal background check) needed to make an employment decision. I authorize SteadFast Medical Staffing, INC. to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize SteadFast Medical Staffing, INC. to disclose any of my performance appraisals, disciplinary records or skill tests for the same purposes as above. I release SteadFast Medical Staffing, LLC, and any individual or entity providing information to SteadFast Medical Staffing, LLC, from all liability for any damages from the disclosure of this information.

**I also understand and agree** that:

- Passing a medical examination and / or participating in a post-conditional offer medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired. employment may be terminated.
- Subject to applicable state laws, the Company reserves the right to conduct drug screening and testing for reasonable suspicion at any time during employment and as a pre-employment requirement. Any violation of this policy shall result in an applicant not being hired or an adverse, employment action up to an including immediate termination. SMS has the right to change this policy at any time, as it requires.

**I understand and** agree that nothing contained in this employment application or in granting of an interview creates an employment contract between SMS and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable 'at will', that I have the right to terminate my employment at any time, and that SMS will retain a similar right to terminate my employment at any time.

**I understand** that should I become employed by SteadFast Medical Staffing, LLC, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of SMS.

Document Signature Field

Date/Time Field