



North Atlantic Medical Staffing Application for Employment

TODAY'S DATE:

PERSONAL DATA

LAST NAME:	
FIRST NAME:	
MIDDLE NAME:	
SOC. SEC. #:	

HOME PHONE # :	
CELL PHONE/PAGER:	
BEST TIME TO CALL:	
EMAIL:	

STREET ADDRESS:			
CITY:			
STATE:		ZIP:	
COUNTRY:			

JOB INFORMATION

POSITION (JOB CLASS) APPLYING FOR:

<input type="checkbox"/> DIAGNOSTIC IMAGING	<input type="checkbox"/> SPEECH/LANGUAGE THERAPY
<input type="checkbox"/> RADIATION THERAPY	<input type="checkbox"/> LABORATORY
<input type="checkbox"/> RESPIRATORY	<input type="checkbox"/> CLERICAL/MEDICAL
<input type="checkbox"/> PHYSICAL THERAPY	<input type="checkbox"/> PHARMACY
<input type="checkbox"/> OCCUPATIONAL THERAPY	<input type="checkbox"/> OTHER:

TYPE OF WORK DESIRED (CHECK ALL THAT APPLY)

<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> LONG-TERM CARE
<input type="checkbox"/> HOME HEALTHCARE	<input type="checkbox"/> REHAB
<input type="checkbox"/> CLINIC (SPECIFY)	<input type="checkbox"/> OTHER:

DESIRED SALARY:

WORK EXPERIENCE

(LIST ALL YOUR WORK EXPERIENCE, BEGINNING WITH YOUR MOST RECENT JOB. YOU WILL BE ASKED TO EXPLAIN ALL GAPS IN EMPLOYMENT. ATTACH ADDITIONAL SHEETS IF NECESSARY.)

FACILITY/EMPLOYER NAME:			
COMPANY STREET ADDRESS:			
CITY/STATE/ZIP:		COUNTRY	
TELEPHONE #:			
MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO – If no, why not?		
DATES EMPLOYED:	FROM Mo. Yr.	TO Mo. Yr.	
DEPARTMENT:		TITLE:	
NAME OF IMMEDIATE SUPERVISOR:		# OF BEDS IN FACILITY	
REASON FOR LEAVING:		PAY RATE/SALARY:	
SUPERVISORY EXPERIENCE :	<input type="checkbox"/> YES <input type="checkbox"/> NO – If yes, how often?		
ARE YOUR EMPLOYMENT RECORDS LISTED UNDER ANOTHER NAME? IF SO, WHAT NAME?			
DESCRIBE DUTIES AND SPECIALTY AREAS			
IF THIS WAS A TRAVEL ASSIGNMENT, NAME OF AGENCY			

FACILITY/EMPLOYER NAME:			
COMPANY STREET ADDRESS:			
CITY/STATE/ZIP:		COUNTRY	
TELEPHONE #:			
MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO – If no, why not?		
DATES EMPLOYED:	FROM Mo. Yr.	TO Mo. Yr.	
DEPARTMENT:		TITLE:	
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DESCRIBE DUTIES AND SPECIALTY AREAS			
IF THIS WAS A TRAVEL ASSIGNMENT, NAME OF AGENCY			

REFERENCES

(PLEASE LIST THREE INDIVIDUALS WITH WHOM YOU HAVE WORKED, WHO WERE IN A POSITION TO EVALUATE YOUR PERFORMANCE.)

NAME:		TITLE:	
ADDRESS:		TELEPHONE #	
NAME:		TITLE:	
ADDRESS:		TELEPHONE #	
NAME:		TITLE:	
ADDRESS:		TELEPHONE #	

ADDITIONAL INFORMATION

HOW WERE YOU REFERRED TO NORTH ATLANTIC MEDICAL STAFFING?

- NEWSPAPER
- TRADE PUBLICATION
- JOB FAIR/OPEN HOUSE
- INTERNET SITE
- PAST EMPLOYEE
- OTHER SOURCE(S)

Name: _____

Work Location: _____

PLEASE BE SURE TO READ AND SIGN THE ACKNOWLEDGMENT ON THE LAST PAGE OF THIS APPLICATION.
 NORTH ATLANTIC MEDICAL STAFFING IS AN EQUAL OPPORTUNITY EMPLOYER

.APPLICANT ACKNOWLEDGMENT

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 North Atlantic Medical Staffing 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 North Atlantic Medical Staffing 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 North Atlantic Medical Staffing to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release North Atlantic Medical Staffing and any individual or entity providing information to North Atlantic Medical Staffing 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 pro-employment requirement. Any violation of this policy shall result in an applicant not being hired or an adverse employment action up to and including immediate termination. North Atlantic Medical Staffing has the right to change this policy at anytime 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 North Atlantic Medical Staffing and myself 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 will have the right to terminate my employment at any time, and that North Atlantic Medical Staffing will retain a similar right to terminate my employment at any time.

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

APPLICANT'S SIGNATURE

DATE

Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S.C. §2000d et seq.) and 45 C.F.R. Part 80, Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794) and 45 C.F.R. Part 84, and the Age Discrimination Act of 1975 (42 U.S.C. §6101 et seq.) and 45 C.F.R. Part 91, the agency adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment, and for all persons employed by the agency. The agency does not discriminate because of age, race, color, religion, military status, marital status, gender preference, sex, national origin or disability.