



Employment Application

Position Applied For: _____ Date of Application: _____

Name: _____

LAST

FIRST

MIDDLE

MAIDEN

Address: _____

STREET

CITY

STATE

ZIP

Home Phone: (_____) _____ Cell: (_____) _____

Email Address: _____

In an emergency, who should we call? _____

NAME

RELATIONSHIP

PHONE NUMBER

Social Security #: _____ Salary Desired: \$ _____

Date Available to Start: _____ How did you hear about us? _____

Type of employment desired: Full-Time Part-Time Temporary 13-26 week contract

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

Has your license/cert. ever been investigated/suspended? YES NO

Are you interested in working as a traveler? YES NO

Are you legally eligible for employment in this country? YES NO

Do you need health benefits? YES NO

LICENSURE (Include photocopies of all licenses held.)

State: _____ License#: _____ Exp. Date: _____

State: _____ License#: _____ Exp. Date: _____

CERTIFICATIONS (Include photocopies of certification held.)

Certification: _____

Cert/Registration # if applicable: _____ Exp.: _____

Certification: _____

Cert/Registration # if applicable: _____ Exp.: _____

EDUCATION	Name & Location	Mo/Yr Graduated	Diploma/Degree Received
College			
Graduate School			
Other School			

WORK EXPERIENCE (Please indicate all employment for the past 10 years, beginning with most recent)

Are you employed now? YES NO

If yes, may we contact your present employer? YES NO

Facility/Employer _____ Dept./Unit _____
 Street address _____ City _____ State _____ Zip _____
 Dates employed: From _____ To _____ Reason for leaving _____
 Position held: _____ Specialty _____
 Supervisor's name & title _____ Phone (____) _____
 Other Supervisor? _____ Phone (____) _____
 Travel assignment? YES NO Local staff agency? YES NO

Facility/Employer _____ Dept./Unit _____
 Street address _____ City _____ State _____ Zip _____
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3 PROFESSIONAL REFERENCES:

Name: _____ Title: _____ Yrs Known _____ Phone:(____) _____
 Name: _____ Title: _____ Yrs Known _____ Phone:(____) _____
 Name: _____ Title: _____ Yrs Known _____ Phone:(____) _____

I understand that as a condition of my employment I must pass a background check and drug screen. My signature below not only validates that all of the above information is true and correct, but also indicates that I am authorizing RSS to conduct a background check, reference checks and consent to a drug-screen.

Applicant Signature

Date