



Employment Application

Name: _____
 Last Middle First

Current address: _____
 Street City State Zip Code

Home Phone _____
 Cell/Work Phone _____

Permanent Home address _____
 Street address City State Zip code

Phone _____
 Best time/day to reach you _____

Emergency phone _____
 Relationship Email Address _____

Professional Discipline _____

Social Security number _____
 Driver's License/State _____

How did you learn about Zuriel Medical, Inc _____?

Referred by _____ Date Available to work _____

Email address _____

Education	Name and Location of School	Date of Graduation	Degree/Credentials
Basic Nursing Education			
Graduate Nursing Education			
Certificate/Program/Other			

Professional Credentials

RN _____ LPN _____ Other _____

Professional Designation _____

License _____ Expiration Date: _____
 (Verified and documented from the Dept. of Professional regulations and Public health respectively)

Medical – Surgical _____ Tele/PACU _____ CVST/CV-CFA _____
 ICU/CCU _____ RN/Psychiatry _____ CST/ST/CFA _____
 NICU _____ CV/ORRN _____ L&DRN _____
 PCIU _____ ORRN _____ ERRN _____

Primary Specialty _____ Years of Experience _____
 Secondary Specialty _____ Years of Experience _____

Copy of documented statement within the last twelve (12) months

CPR Course training completed: Date of Certification: _____ TB test Date of result _____

LICENSURE (Submit all licenses currently held, as well as state of original license if not currently held. Include photocopies of all license held)

State _____ Original State _____ State _____ State _____
 Expiration date Expiration date Expiration date Expiration date

Please indicate all of your employment for the past ten (10) years, beginning with your most recent employer:



Are you employed now? Yes: No If so, may we contact the present employer? No Yes
Facility/Employer _____ Dept _____
Street Address _____ City _____ State _____ Zip Code _____
Dates Employed: From _____ to _____ Reason for Leaving _____
Position held _____ Specialty _____
Supervisor's name and title _____ Phone _____
Others Supervisor? _____ Phone _____
Travel assignment? No Yes Local Staffing Agency No Yes

Are you employed now? Yes: No If so, may we contact the present employer? No Yes
Facility/Employer _____ Dept _____
Street Address _____ City _____ State _____ Zip Code _____
Dates Employed: From _____ to _____ Reason for Leaving _____
Position held _____ Specialty _____
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Travel assignment? No Yes Local Staffing Agency No Yes

EMPLOYMENT ACKNOWLEDGEMENT

I acknowledged that any false statements or material omissions made as a part of this application will disqualify me from further consideration for employment and, if discovered later, will be grounds for discharge. I also understand that any offer of employment is contingent upon the results of a pre-employment medical examination, drug screen, criminal background check, and reference check. I authorize my former employers to release all information concerning my employment.

I further authorize the release of any such information during or after my employment, without prior notification. This authorization releases the aforesaid parties and Zuriel Agency, Inc. from any liability for the collection and reporting of this information. Zuriel Agency, Inc. does not discriminate in hiring or employment on the basis of sex, color, marital status, religion, sexual orientation, national origin, age, disability, military status, or any other protected category. No question on this application is intended to secure ion to be used for such discrimination.

I understand that if I am employed by Zuriel Agency, Inc. my employment is "at will" and maybe terminated by me or Zuriel Agency, Inc. at any time with or without cause, for any reason. No one other than the President of Zuriel Agency, Inc. has the authority to enter into an agreement contrary to the foregoing and any such agreement must be in writing and signed by both the president and me.

Signature _____ Applicant's Name _____ Date _____



Last name: _____ First Name: _____

Section A: Candidate please complete Section A only and forward directly to: _____

I _____, hereby authorize my current and previous employers to release information regarding my work performances to Zuriel Medical Staffing, Inc. I release all such employers from any liability for issuing this information to Zuriel Medical Staffing, Inc. Also, I hereby permit Zuriel Medical Staffing, Inc. to share this information with client facilities.

Applicant Signature: _____

Section B: (To be completed by Zuriel Medical Staffing, Inc)

Table with 2 columns: Name, SSN, Position Held, Specialty/Unit, Employees dates, To:

Section C: (To be completed by Employer Zuriel Medical Staffing, Inc.) Thank you for completing this form as it assists us in ensuring that all professionals accepted into our program are of the highest caliber. Your response will remain in strictest confidence.

Table for rating candidate on various skills: Clinical skills, Ability to prioritize, Flexibility to work different assignment, Ability to relate to patients, Initiative and enthusiasm, Cooperation with staff, Ability to take charge, Punctuality. Columns: ABOVE AVERAGE, AVERAGE, BELOW AVERAGE.

Comments:

Eligible for rehire? Yes No

Reason for leaving:

Your name: _____ Title: _____

Date: _____



Staff Profile

Name: _____

_____ Position _____ Date _____

_____ Current License/Certification _____

_____ License or Registration # _____

_____ Expiration Date: _____

_____ Health Statement Date: _____

_____ Tuberculosis Screening Date: _____

_____ Drug Screening Date: _____

_____ Skill Competency Evaluation Date: _____

_____ CPR/ACLS Expiration Date: _____

_____ Area of Written Exam _____ Score 1 _____

_____ Score 2 _____

_____ Years' Experience within area expertise

Area _____ Years _____

Area _____ Years _____

_____ Mandatory In-services (Fire Safety, Bloodborne Pathogens, Infections Control, TB regulations, Abuse/Neglect Information & Reporting)

_____ Date of last Performance Review _____