

Optimal Medical Staffing

(An equal opportunity employer)

Clinical Application Form – page 1

Personal

Name	Professional Credentials (RN, LPN, RRT, CRT, etc.)	Telephone number(s)
Mailing Address	License number(s) & state	email
City, State & Zip	How did you hear about Optimal?	

Employment Record (List all clinical experience, most recent first, going back at least 10 years. For any travel or agency assignments, *list actual employer*. Travel work locations should be listed separately on resume.)

1	Dates	Name/Address of employer	Supervisor's name and title	Reason for leaving
	From To			
Job title and detailed description				
2	Dates	Name/Address of employer	Supervisor's name and title	Reason for leaving
	From To			
Job title and detailed description				
3	Dates	Name/Address of employer	Supervisor's name and title	Reason for leaving
	From To			
Job title and description				
4	Dates	Name/Address of employer	Supervisor's name and title	Reason for leaving
	From To			
Job title and detailed description				
5	Dates	Name/Address of employer	Supervisor's name and title	Reason for leaving
	From To			
Job title and detailed description				

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Education

	Name/Address	Date of Graduation	Type of Degree
High School			
College, University or Technical School			
Graduate School			

Professional References (Supervisors Preferred)

1	Reference's Name and Title	Facility and Address	Phone Number(s)
Your relation to reference			
2	Reference's Name and Title	Facility and Address	Phone Number(s)
Your relation to reference			
3	Reference's Name and Title	Facility and Address	Phone Number(s)
Your relation to reference			

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Yes No Can you physically perform the essential clinical functions of acute care, long-term care and home care, which may include lifting, twisting, bending and long hours on your feet? If not, please explain in detail.

Yes No Have you ever been convicted of malpractice or negligence, or do you have any such suits pending? If yes, please explain in detail.

Yes No Has your license, in any jurisdiction in which you have been licensed, ever been investigated, suspended or revoked? If yes, please explain in detail.

Yes No Have you ever been terminated, separated involuntarily, laid-off or suspended from any position? If yes, please explain in detail.

Yes No Have you ever left a travel assignment before the assignment was completed? If yes, please explain in detail.

Yes No Have you ever been convicted of anything other than a minor traffic offense? If yes, please explain in detail.

The information provided on this application is true to the best of my knowledge. I understand any falsification of this information is grounds for termination. I authorize Optimal Medical Staffing to verify the information provided and to contact past employers and references regarding my ability, character and employment record. I release all such persons from liability regarding the information they provide.

I agree to a scheduled or random drug testing as required by Optimal Medical Staffing and by each client facility at which I am placed. I understand that any conduct demonstrating a disregard for Optimal Medical Staffing, its clients or its clients' patients constitutes grounds for termination.

Signature

Date

In connection with and during my employment (including contract for services) with Optimal Medical Staffing, I understand investigative background inquiries are to be made on me regarding my criminal record, employment, records pertaining to my educational background and to confirm my Social Security number.

These reports may occur prior to hire or throughout my employment with Optimal Medical Staffing. These inquiries may include information as to character, general reputation, personal characteristics and mode of living, whichever may be applicable. I understand I have the right to make a written request to Optimal Medical Staffing within a reasonable period of time for additional information concerning the nature and scope of any investigation conducted.

I understand Optimal Medical Staffing will be obtaining information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my criminal, civil, work, education and other experiences.

I authorize, without reservation, any party or agency to furnish the above-mentioned information. I release all such persons from liability regarding the information they provide.

Applicant Name (First, Middle, Last)

Date of Birth*

Social Security Number

Alias/Maiden Name(s)

Current Address

City & State

Zip Code

Drivers License # and State

Applicant's Signature _____ Date _____

*Providing Date of Birth is voluntary and is being requested in order to obtain accurate retrieval of records.
