STAFF TODAY INC

Application Form

- *Please Print or Type*
- *Please send a copy of your Résumé*
- *Please contact us @ (800) 928-5561 or visit our website at stafftodayinc.com for any questions*

ASSOCIATES PERSONAL INFORMATION

Last Name _____ Middle _____ First _____

Street Address _____ City _____ State _____ Zip Code _____

Driver License Number _____ Social Security Number _____ Date of Birth _____

Home Telephone Number _____ Daytime Telephone Number _____ Email _____

POSITION PREFERENCES

What position are you applying for? _____

Salary desired: $ _____ per _____ (specify hour, week or year)

ASSOCIATES EDUCATIONAL BACKGROUND

COLLEGE OR UNIVERSITY

Name_____ Location_____

Graduation Date_____ Degree_____ Honors_____

ASSOCIATES EMPLOYMENT HISTORY

TYPE OF PRACTICE	POSITION	NAME OF INSTITUTION OR PLACE OF PRACTICE AND LOCATION	DATE:*(MONTH, YEAR)* FROM - TO

ASSOCIATES PROFESSIONAL REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES

Name_____ Phone_____

Address_____
Street City, State Zip

Name_____ Phone_____

Address_____
Street City, State Zip

Name_____ Phone_____

Address_____
Street City, State Zip

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTION IS YES, PLEASE PROVIDE DETAILS ON A SEPARATE ATTACHED SHEET

	Yes	No
1. Have you ever been refused a professional license?	☐a	b☐
2. Have you ever been charged with or conviction of a felony or misdemeanor other than minor traffic?	☐a	b☐
3. Have you ever been called before any licensing board or professional association in connection with practice act violation or unethical conduct?	☐a	b☐
4. Have you ever been cited by any licensing agency on grounds for revocation or suspension of a professional license	☐a	b☐
5. Are you now or have you been the defendant in any malpractice? (Written Explanation)	☐a	b☐
6. Have you ever been refused membership to a hospital medical staff?	☐a	b☐
7. Has your request for any specific clinical privledges ever been denied or granted with start limitations?	☐a	b☐
8. Have you ever been arrested?	☐a	b☐

By signing below I certify the facts contained in this application are absolute and true; that the answers to the supplementary questions and statement made in this application are true and correct I am the lawful holder of the Licenses/Certificates listed; and that such were procured in the regular course of instruction and examination without deception or misrepresentation. I authorize without reservation, any party or agency contacted to provide the above-mentioned information and release all parties involved from liability and responsibility for doing so. I further authorize Staff Today Inc to release to hospitals or medical groups any information, which is material to my application.

I have carefully read the questions in the accompanying application and have answered them completely, with out reservation of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct.

Signature of the Applicant_____ Date _____