



"Committed to a New Dimension of Service"

Date: ____/____/____

Name _____ Social Security Number _____

Address _____
Number Street City State Zip

Phone(____) ____-____ Cell(____) ____-____ Work(____) ____-____

Date of Birth: ____/____/____ Email Address _____

Are you a citizen of the United States of America? YES / NO

If NO please provide;

Resident Alien Number _____ Expiration Date ____/____/____

Provide the name, address, and telephone number of an emergency contact:

Name	Address	Phone	Relationship
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How did you hear about Infinity Healthcare Staffing? (circle one)

Nursing Spectrum / Job Fair / Phone Book / Website / Newspaper Ad

Infinity Employee Name: _____

EDUCATION RECORD				
	SCHOOL	COURSE OF STUDY	DATE OF GRADUATION	DEGREE EARNED
NURSING EDUCATION				
COLLEGE				
HIGH SCHOOL / GED				

Other _____

Licensure and Certificates:

RN license # _____ Expiration Date ____/____/____

LPN license # _____ Expiration Date ____/____/____

CNA Certification of Completion ____/____/____

Nursing Specialty; _____
(worked in the past year; ICU, CCU, Tele, Med/Surg, PICU, NICU, PEDS, PSYCH, L&D, M/B, GI REHAB)

CPR Certification

Healthcare Provider Card
Date of Course Completion ____/____/____

EMPLOYMENT HISTORY

Please List most recent employer first

Facility Name: _____ Dates of Employment _____
Address _____ From: _____ To: _____
City _____ State _____
Zip _____
Phone (____) ____ - ____ Fax: (____) ____ - ____
Reason for Leaving _____

Facility Name: _____ Dates of Employment _____
Address _____ From: _____ To: _____
City _____ State _____
Zip _____
Phone (____) ____ - ____ Fax: (____) ____ - ____
Reason for Leaving _____

Facility Name: _____ Dates of Employment _____
Address _____ From: _____ To: _____
City _____ State _____
Zip _____
Phone (____) ____ - ____ Fax: (____) ____ - ____
Reason for Leaving _____

May we contact your current employer YES / NO

Signature _____

Professional Reference

Please provide us with the home numbers of one supervisor and one co-worker with whom you have worked in the past year (home and work numbers will speed your activation process).

Name: _____

Work phone (____) ____-____ Home phone (____) ____-____ Fax (____) ____-____

Manager _____ Co-worker _____ Charge Nurse _____

Name: _____

Work phone (____) ____-____ Home phone (____) ____-____ Fax (____) ____-____

Manager _____ Co-worker _____ Charge Nurse _____

Has your nursing license ever been suspended? Yes _____ No _____

If yes, why? _____

Have you been terminated from a previous employer? Yes _____ No _____

If yes, why? _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been involved in malpractice or Illinois/Indiana Department of Professional Regulation disciplinary proceedings? Yes _____ No _____

If yes, explain _____

Have you been asked to not return to a hospital or clinic through another agency? Yes _____ No _____

If yes, what agency and hospital? _____

Why? _____

Shift Preference (check all that you would be interested in working).

How many hours per week would you like to work? _____

Days: 8hr. _____ 12hr. _____ Weekday _____ Weekend _____

Evenings: 8hr. _____ 12hr. _____ Weekday _____ Weekend _____

Nights: 8hr. _____ 12hr. _____ Weekday _____ Weekend _____

Do you work double shifts? Yes _____ No _____ Would you be willing to work holidays? Yes _____ No _____

Would you be willing to float within your specialty? Yes _____ No _____

What Units _____

What hospitals are you interested in staffing?

Application Statement

The statements made in this application are true and accurate. I understand that any falsification or omission will be the basis for disqualification of employment or termination of services. I authorize the Infinity Healthcare Staffing to verify the information I have provided, and to contact past employers and references concerning my ability, character and work habits. I release such persons from liability for providing such information. I authorize Infinity Healthcare Staffing, as my employer, to release any medical information which may be relevant to my employment to their clients. I understand that this internal information is confidential and Infinity Healthcare Staffing will inform their client facilities to treat it as such. I understand that my employment is an employment at will, and may be terminated at any time without prior notice. Infinity Healthcare Staffing is an equal opportunity employer

Equal Opportunity

Infinity Healthcare Staffing is committed to providing equal opportunity and a work environment for it's employees free from any discrimination based on race, color, religion, sex, national origin, sexual orientation, ancestry, age, marital status, physical or mental disability, unfavorable discharge from military, or status as a disabled veteran or veteran from the Vietnam Era.

Applicants Signature: _____

Date: ____/____/____

Interviewers Notes: _____

Interviewers Signature

____/____/____
Date