

**PERSONAL DATA**

LAST NAME		FIRST NAME		MAIDEN NAME		SOCIAL SECURITY NO.	
ADDRESS			APT. NO.	TELEPHONE HOME			
CITY		STATE	ZIP	TELEPHONE WORK			
PLACE OF BIRTH	CITIZENSHIP	VISA NO.	ANY ILLNESS OR DISABILITY		DR. NAME	PHONE NO.	

HOW DID YOU FIND OUT ABOUT STAT?

PRIMARY INTEREST	<input type="checkbox"/> HOSPITAL STAFFING <input type="checkbox"/> NURSING HOMES	DATE OF BIRTHDAY	Month	Day	Year
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TRAINING	LAST YEAR OF SCHOOL COMPLETED	DEGREE	CRITICAL CARE COURSE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	PLACE
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PLACE	LENGTH	COMPLETION DATE	CONTINUING EDUCATION CREDITS
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PLACE	LENGTH	COMPLETION DATE	CONTINUING EDUCATION CREDITS
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FOR LICENSED PERSONNEL ONLY		
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LICENSE NUMBER	STATE	EXPIRATION DATE
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LICENSE NUMBER	STATE	EXPIRATION DATE
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HAS YOUR LICENSE EVER BEEN SUSPENDED?  YES  NO

DO YOU START IVS?  YES  NO    DRAW BLOOD?  YES  NO    READ MONITORS?  YES  NO

PASS MEDS  YES  NO    CHARGE?  YES  NO    TEAM LEAD?  YES  NO

CIRCLE HEAVY EXPERIENCE IN:    ICU    CCU    NICU    PEDS    OB    OR    MED    SURG    ER    BURN    REHAB    OTHER \_\_\_\_\_  
 MICU    SICU    RICU    L & D    POST    PART    NURSERY    ICN    PSYCH    TEL

LAST	FIRST	RN - LPN - NA -	OTHER _____	HOME NO.	WORK NO.
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(Please print)

*Confidential employment information*

NAME AND ADDRESS OF PAST EMPLOYERS	EMPLOYED FROM TO		FINAL SALARY	REASON FOR LEAVING	SUPERVISOR	DEPT.	PHONE NO.
	1						
2							
3							
4							

PERSONAL REFERENCE (NAME AND ADDRESS)    HAVE YOU EVER WORKED WITH ANOTHER TEMPORARY MEDICAL SERVICE  YES  NO

WHO	JOB ASSIGNMENTS	RATE PER HOUR
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CURRENTLY COVERED WITH MALPRACTICE INSURANCE	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
INSURANCE COMPANY	
NUMBER	EXPIRATION DATE
WERE YOU EVER INVOLVED IN MALPRACTICE SUIT, IF YES EXPLAIN	
EMERGENCY CONTACT - RELATIONSHIP	
TELEPHONE	
WITHIN THE LAST 5 YEARS HAVE YOU BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**STAT TEMPORARY SERVICE HONOR CODE**

In accepting employment with STAT, I understand that:

1. STAT will pay me at rates agreed to for each assignment.
2. STAT is my employer and assigns me to various clients.
3. I will not give my home phone number or my address to any STAT client.
4. I will represent STAT to the best of my ability on each and every assignment.
5. I agree not to solicit or accept any employment offers from customers for 180 days from the last day worked for any specific customer whether or not I am still in the employ of STAT at the time such employment is negotiated.
6. I further agree to notify STAT myself immediately should any of their clients make an employment offer to me.

**STAT**

**I hereby certify that the information given on this application is true, correct & complete in every aspect.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ INTERVIEWED BY: \_\_\_\_\_