

STAT Temporary Services Inc., provides qualified, experienced individuals to fulfill your institution's needs. Please fill out the form below and email, fax, or mail it to the office closest to you. Regional office location can be found online at <http://www.stattemp.com/>

Thank you!

Client Data Form

Name: _____ Email: _____@_____

Address: _____

City: _____ Zip Code: _____

Phone Numbers:

Main: _____ Nursing Office: _____ Fax: _____

D.O.N.: _____ Administrator: _____

Staffing Coordinator(s): _____

Shift Times:

RN 1st / 2nd / 3RD: _____ / _____ / _____

LPN 1st / 2nd / 3RD: _____ / _____ / _____

CNA 1st / 2nd / 3RD: _____ / _____ / _____

Supervisor 1st / 2nd / 3RD: _____ / _____ / _____

Type Of Institution: (Nursing Home) (Hospital) (Clinic)

No. Of Beds: _____ No. Of Beds In Icu: _____

Where Does Staff Report To?: _____

Sign In/Sign Out?: (Yes) (No) If Yes, Where?: _____

Dining Facilities: _____

Uniform Code: _____

Orientation Procedure: _____

Parking Facilities: _____

Billing Information: _____

Additional Information: _____

Directions: _____

Notes: _____

Please return to the following office:

Appleton/Green Bay Office

1500 N. Casaloma, Suite 405

Appleton, WI 54913

Tel: 800-500-7828

Fax: 920-731-7825

Email: blaflex@stattemp.com