

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 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>RD</sup>: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

LPN 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>RD</sup>: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CNA 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>RD</sup>: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>RD</sup>: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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:

**Fifield Office**  
N11885 State Hwy 13  
Fifield, WI 54529  
Tel: 800-749-8079  
Fax: 715-339-6260  
Email: stattoelle@yahoo.com