

APPLICATION

For assistance, please call us at **800.995.7378**

Application for Employment

(Must be completed even if attaching a resume)

If you are ready to begin working with On Assignment Healthcare Staffing, we're ready to start working with you. Please complete the application and one of our experienced recruiters will contact you soon.

Please be assured that On Assignment maintains a strict privacy policy. We will not share your information with any third party without your authorization and will only contact you for the specific purpose of serving your request.

Contact Information

Today's Date: ____ / ____ / ____

Name (Last, First, Middle Initial)

Address

City

State

Zip

Primary Phone #

Cell Phone #

E-mail Address

NOTE: For security purposes, this must be a private email address. If you do not have an email address please leave blank.

Emergency Contact 1 (Name & Phone Number)

Emergency Contact 2 (Name & Phone Number)

Education (Please do not note the year high school diploma was received)

High School

City

State

Did you graduate?

Yes

No

College / University

Degree Earned

City

State

Year Graduated

Did you graduate?

Yes

No

Major

Minor

Relevant Course Work:

Name: _____

Professional Experiences

List in order from most recent.

Employer City State
_____/_____/____ - ____/____/____ Present _____ Annually Hourly
From To Title Salary

Description: _____

Immediate Supervisor: _____ May We Contact? Yes No

Reason for Leaving: _____

Employer City State
_____/_____/____ - ____/____/____ Present _____ Annually Hourly
From To Title Salary

Description: _____

Immediate Supervisor: _____ May We Contact? Yes No

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From To Title Salary

Description: _____

Immediate Supervisor: _____ May We Contact? Yes No

Reason for Leaving: _____

Name: _____

Reference Check

Applicant Name	Position Held		
Current/Former Employer	____/____/____ - ____/____/____ Dates of Employment		
Complete Mailing Address	City	State	Zip
Supervisor's Name	Title	Phone	Email

I hereby give permission to the above named employer to release information to On Assignment* regarding my performance while employed at that facility.

Applicant's Signature	Date
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Employer

The person above is registered with On Assignment and has listed you as a previous employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information is confidential.

Is this employee eligible for rehire? Yes No

Personal Evaluation	Above Average	Satisfactory	Did Not Meet Expectations	Poor
Clinical Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude and Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Get Along With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability to Work Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Employer's Signature	Date
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Name: _____

Reference Check

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Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude and Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Get Along With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability to Work Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Employer's Signature Date

Name: _____

Certification / Registration / License Checklist

	State	Cert/Reg/License#	Expires (Mo/Yr)	Notes
ACLS				
BCLS				
BLS				
CCS (HIM Only)				
CCRN (Nurse Only)				
CDA / RDA (DANB)				
CEU				
CMA (AAMA)				
CPR				
ER (Nurse only)				
Limited X-Ray / State				
Operators License				
Mammography				
MT/MLT (ASCP)				
MT/MLT (NCA)				
NALS / NRP				
NCA				
NRP				
PALS				
RDH (License)				
Respirator Mask Fit Test				
RHIA (HIM Only)				
RHIT (HIM Only) Requires				
Biannual Renewal				
RN / LVN / LPN (License)				
RRT / CRTT (NBRC)				
RT (ARRT)				
RT (ASRT)				
Other				

Name: _____

Employment Questions

Position applying for: _____

Date available: ____ / ____ / ____

What kind of transportation will you use to get to work? Public Private

How many weeks notice do you need to give your current employer? _____

How far are you willing to commute on a daily basis? _____ Miles _____ Minutes

Check preferred employment type: Contract Contract-to-hire Direct Hire

Check the days you are willing to work: Any M T W Th F S Su

Check the shifts you are willing to work: Any Days Nights Evenings Weekends

Would you prefer to work: Either Part-time Full-time

Can you, after employment, submit verification of your legal right to work in the U.S.? Yes No

Have you been convicted of a felony within the last seven years? Yes No

(An affirmative response to this question will not necessarily disqualify you from employment)

MA residents should not answer this question.

As a condition of employment, you may be required to take and pass a drug and/or alcohol screen. Testing will be done at the company's expense and administered by a testing facility designated by the company. Results of any testing will be kept strictly confidential. If requested, are you willing to take the drug and/or alcohol screen? Yes No

How did you hear about On Assignment Healthcare Staffing?

- | | | | | | |
|--|-----------------------------------|---------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> onassignment.com | <input type="checkbox"/> Brochure | <input type="checkbox"/> Mail Piece | <input type="checkbox"/> Email | <input type="checkbox"/> Magazine | <input type="checkbox"/> Phone Call |
| <input type="checkbox"/> Internet Ad | <input type="checkbox"/> Job Fair | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Web Search | <input type="checkbox"/> Monster.com | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Careerbuilder.com | <input type="checkbox"/> Referral | <input type="checkbox"/> Flyer | <input type="checkbox"/> Convention/Tradeshaw | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other: _____ |

Qualifications:

Months since last job in Healthcare Staffing: _____

Total years of experience: _____

Primary Language: _____ Second Language: _____ Other Language: _____

On Assignment is an Equal Opportunity Employer, M/F/D/V. All applicants are considered for employment regardless of age, race, gender, religion, national origin, disability, marital status, or any other factor prohibited by law.

I understand and agree that if I am offered employment by the Company, it will be on an at-will basis. This means that either I or the Company may terminate the employment relationship at any time, for any reason, with or without cause. I also understand and agree that only an officer of the Company can enter into an agreement on any other terms and he/she can only do so in writing signed by him/her and me. I certify the information provided within this submission is accurate. I understand that the withholding of information or the giving of false information for this submission will result in a refusal to hire or disciplinary action up to and including termination after employment commences.

Signature

Date