

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

Reason for Leaving: _____

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

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

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

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

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: _____

Professional Organizations

Organization Role From ____/____/____ - ____/____/____ To ____/____/____ Present

Organization Role From ____/____/____ - ____/____/____ To ____/____/____ Present

Organization Role From ____/____/____ - ____/____/____ To ____/____/____ Present

Licensures

License State License Number Expires ____/____/____

License State License Number Expires ____/____/____

License State License Number Expires ____/____/____

License State License Number Expires ____/____/____

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

Employment Agreement

On Assignment Staffing Services, Inc. ("On Assignment" 1) is engaged in the business of providing life sciences, healthcare and laboratory support services to other parties ("Client(s)"), who have requested contract professionals to fill their staffing needs. _____ ("Personnel") wishes to enter into this Employment Agreement with On Assignment.

On Assignment and Personnel agree as follows:

1. Scope of Employment Relationship.

- a) **Assignment.** Personnel is employed by On Assignment for a specific assignment with Client ("Assignment").
- b) **Supervision.** Client will direct and supervise Personnel while assigned to Client.
- c) **Policies and Procedures.** Personnel agrees to abide by the policies and procedures of Client including, but not limited to: safety, confidentiality and HIPAA (Health Insurance Portability and Accountability Act of 1996). Personnel will notify his/her On Assignment representative if there is a conflict with On Assignment policies.
- d) **Best Efforts.** Personnel agrees to use his/her best efforts in performing services to Client under this Agreement. Personnel understands that inappropriate behavior can damage On Assignment's relationship with the Client. Suspicious, illegal, or unauthorized behavior that comes to the attention of On Assignment may be reported to the appropriate law enforcement or regulatory agencies. Such behavior and poor performance may be cause for termination of the Assignment with Client or termination of employment with On Assignment.
- e) **No interference.** Personnel acknowledges that there is no contract or condition that would prohibit or interfere with Personnel's ability to work for On Assignment in the capacity as intended.
- f) **Legal Obligation.** Personnel is not authorized to incur any legal obligation on behalf of On Assignment, execute any agreement, exercise any authority or otherwise sign any document on behalf of On Assignment.
- g) **Work-related issues.** Personnel shall immediately inform On Assignment of all work-related issues that arise.
- h) **Termination of Assignment.** Personnel shall provide On Assignment with timely notice of any intended employment changes, such as termination (please note that two weeks notice prior to termination is a professional courtesy).
- i) **Request for Time off.** Personnel must request time off for days off or appointments at least 24 hours in advance; all requests must be directed to On Assignment. In cases of illness or emergency, Personnel must inform On Assignment that he/ she will not be able to attend the scheduled Assignment at least thirty minutes prior to commencement time.
- j) **Personal items.** On Assignment does not assume liability for Personnel's personal items at the Client site and/or while on Assignment.
- k) **Driving.** Personnel is prohibited from driving any vehicle (including, but not limited to personal car, rental car, or Client-owned car) for work-related duties without express written authorization from On Assignment. "Work-related duties" include responsibilities directed by Client for which Personnel will be compensated.

2. Background Check. Personnel's employment with On Assignment and placement with Client conditioned upon satisfactory results of a criminal background check, drug test, credit history, driving record, medical history, any other tests that may be appropriate for the Assignment or otherwise required by Client. Personnel authorizes On Assignment to perform tests and checks and provide relevant results to Client, as required.

3. Current Certifications. Personnel must possess and provide On Assignment with copies of current licenses, certifications, registrations (as appropriate to the state in which the Assignment is located), and regulatory compliance documents, as appropriate. The documents must be provided prior to the commencement of the Assignment; failure to provide or maintain these documents may result in the cancellation of the Assignment. Personnel may be liable to On Assignment for consequential damages resulting from falsifying, failing to provide or failing to maintain these documents.

4. Termination. As the employment relationship between Personnel and On Assignment is an employment at will, any party may terminate the employment relationship or an Assignment at any time, for any reason, with or without notice. On Assignment has no responsibility to pay any further salary or expenses if the term of an Assignment is cut short by any party, for any reason.

5. Payment. On Assignment shall pay Personnel the mutually agreed upon rate for hours worked, unless otherwise agreed. Personnel will be paid weekly, only for actual hours worked as accurately documented in a Client-approved timesheet, submitted to On Assignment each week in a timely manner. On Assignment will not reimburse any expense incurred by Personnel unless the expense has been approved in advance and in writing by On Assignment.

6. Indemnification. Personnel understands that On Assignment may have immediate expenses associated with placing Personnel at an Assignment including, but not limited to, purchases of glasses and safety shoes or costs of medical exams. If Personnel voluntarily leaves an Assignment prior to the original planned completion date or if Personnel is terminated from the Assignment for cause, Personnel understands that he/she may be required to reimburse On Assignment for these reasonable expenses. On Assignment will not be liable to Personnel for any damages, losses, expenses, inconveniences, or loss of alternative employment as a result of Client's actions or Client-initiated changes to the Assignment.

7. Confidential Information. Personnel acknowledges and agrees that in performing obligations under this Agreement he/she may have access to valuable trade secrets and confidential information of Client or On Assignment including, but not limited to, trade secrets, processes, formulae, inventions, techniques, marketing plans, strategies, forecasts, computer programs, patentable or copyrightable material, patient information, and customer lists ("Confidential Information"). This information will include, without limitation, any commercially valuable information created by, discovered or developed by, or made known to Personnel during the period of employment. Personnel agrees that he/she shall preserve and protect the

confidentiality of the Confidential Information and that any confidential material shall remain the sole property of On Assignment or Client and shall be returned immediately upon request or upon termination of employment. All documents, records, apparatus, equipment and other physical property, or reproductions thereof, furnished to Personnel by On Assignment or its Clients or produced in connection with the performance of Assignments, whether or not pertaining to Confidential Information, shall be and remain the sole property of On Assignment or its Clients and shall be returned immediately upon request or upon termination of Personnel's employment for any reason. All Confidential Information, inventions, patents or copyrights, and other rights in connection therewith, developed during the course of an Assignment shall be the sole property of On Assignment or its Clients and their respective assigns. The obligations set forth in this section shall survive the termination of this Agreement.

8. Non-Competition Agreement. Personnel agrees that he/she will not accept any offer of employment (either as an employee, as an independent contractor, or through another staffing agency) with any Client for whom Personnel performed services while employed by On Assignment without On Assignment's express written consent during the Assignment and for a period of 180 days after the termination of the Assignment.

PERSONNEL

ON ASSIGNMENT STAFFING SERVICES, INC.

By: _____
Signature

By: _____
Signature

Address: _____

Title: _____
Address: 26745 Malibu Hills Road
Calabasas, CA 91301
818.878.7900

Phone: _____

Date: _____

Addendum for California personnel

Section 2870 of the California Labor Code states:

- A. Any provision in an employment agreement which provides that an employee shall assign, or offer to assign, any of his or her rights in an invention to his or her employer shall not apply to an invention that the employee developed entirely on his or her own time without using the employer's equipment, supplies, facilities, or trade secret information except for those inventions that either:
 - 1.) Relate at the time of conception or reduction to practice of the invention to the employer's business, or actual or demonstrably anticipated research or development of the employer; or
 - 2.) Result from any work performed by the employee for the employer.
- B. To the extent a provision in an employment agreement purports to require an employee to assign an invention otherwise excluded from being required to be assigned under subdivision (a), then provision is against the public policy of this state and is unenforceable.

Accordingly, On Assignment does not require Personnel to assign any invention prohibited by Section 2870 of the California Labor Code.

Please initial here: Personnel _____ On Assignment _____

Direct Hire Candidate Agreement

On Assignment Staffing Services, Inc. d/b/a On Assignment Healthcare Staffing (“On Assignment”¹) is engaged in the business of providing direct hire placement services to other parties (“Client(s)”) who have requested permanent placement, direct hire professionals to fill staffing needs. _____ (“Direct Hire Candidate”) wishes to enter into this Direct Hire Candidate Agreement with On Assignment to be presented for a direct hire position with On Assignment’s Clients.

1. Scope of Relationship. On Assignment will screen and present Direct Hire Candidate for direct hire/permanent placement, to Clients, as requested by Clients.

2. Current Certifications and References. Direct Hire Candidate must possess and provide On Assignment with a complete CV or Resume, Employment Application, copies of current licenses, relevant certifications and registrations, references and evidence of a right to work in the United States, as necessary. The documents must be provided prior to On Assignment’s presentation of Direct Hire Candidate to Client. Failure to provide or maintain these documents may result in the cancellation of On Assignment presenting Direct Hire Candidate to Client. Direct Hire Candidate may be liable to On Assignment for consequential damages resulting from falsifying, failing to provide or failing to maintain these documents.

3. Background Check. On Assignment’s presentation of Direct Hire Candidate to Client or employment with Client may be conditioned upon receiving satisfactory results of one or more of the following pre-employment requirements: a criminal background check, drug test, credit history, driving record, medical history, any other tests that may be appropriate for the position or are otherwise required by Client. Direct Hire Candidate agrees to take a drug test (at select facilities) and authorizes On Assignment to perform tests and checks and provide relevant results to Client, as required.

4. Employment Relationship. Client will hire suitable candidates upon its independent review and consultation. If hired by Client, Direct Hire Candidate shall be an employee of Client and will work under the sole management, direction and control of Client. As such, Direct Hire Candidate is not authorized to incur any legal obligation on behalf of On Assignment, execute any agreement, exercise any authority or otherwise sign any document on behalf of On Assignment.

5. Terms of Employment. If hired by Client, Direct Hire Candidate shall be an employee of Client and Direct Hire Candidate’s payment shall come from Client alone. Direct Hire Candidate shall not request payment from On Assignment. As an employee of Client, Direct Hire Candidate shall follow all requirements set forth by Client including, but not limited to, notice period for termination, confidentiality, safety, paid time off and job responsibilities.

6. Termination of Employment. If Direct Hire Candidate terminates employment with Client for any reason within 90 days after the start date with Client, Direct Hire Candidate shall immediately inform On Assignment of the circumstances surrounding termination.

7. Confidentiality. Confidentiality is an important component of the business of On Assignment and its Clients. Accordingly, Direct Hire Candidate must never directly or indirectly pass on or discuss information relating to On Assignment and Client(s) unless necessary to the performance of duties or required by law.

8. Proprietary Client Relationships. On Assignment has entered into proprietary business relationships with its Clients to provide staffing services. As such, Client is prohibited from hiring Direct Hire Candidate without the consent and involvement of On Assignment. Direct Hire Candidate may be subject to legal action for interfering with On Assignment’s contract with Client if he or she accepts any offer of employment (either as an employee, as an independent contractor, or through another staffing or placement agency) with any Client who On Assignment presented or introduced Direct Hire Candidate, regardless of whether Direct Hire Candidate interviewed with or worked for Client. Further, Direct Hire Candidate may be subject to legal action for interfering with On Assignment’s contract with Client if he or she accepts any offer of employment (either as an employee, as an independent contractor, or through another staffing or placement agency) with any Client that Direct Hire Candidate learns of through On Assignment during the term of this Agreement and for 180 days after Direct Hire Candidate learns of or is introduced to Client.

DIRECT HIRE CANDIDATE

**ON ASSIGNMENT STAFFING SERVICES, INC.
D/B/A ON ASSIGNMENT HEALTHCARE STAFFING**

By: _____
Signature

By: _____
Signature

Date: _____

Date: _____

¹ “On Assignment” includes On Assignment Staffing Services, Inc., On Assignment, Inc., Assignment Ready, Inc. and/or its divisions and affiliated companies.