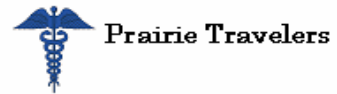


APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION

Last Name First Name MI Social Security Number

Address City State ZIP Code

Home Phone Mobile Phone E-mail Address

Best Time to Raech You Other names under which you have been employed:

Job Desired Number of Hours Setting Desired Shifts Desired

Are you legally Authorized to work in the United States? YES NO

Have you ever filed an application here? YES NO

Have you worked for other staffing agencies? YES NO

If yes, please complete the information below:

Company Name	Assignment Type	Employment Dates
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact Name Home Phone

Address City State ZIP Code

How did you hear of Prairie Travelers? Newspaper Referred Other

Are you employed at this time? YES NO If Yes, Where

May we contact your current employer? YES NO

Have you passed passed the NCLEX? YES NO

Do you have a reliable means of transporation? YES NO

Do you have a current drivers license? YES NO

Do you have proof of current vehicle insurance? YES NO

Will you take a pre-employment drug screen if requested? YES NO

What distance would best describe the amount of mile you are willing to commute duraing an assignment?

50-100 miles 100-200 miles 200-300 miles No limitations

License Type: License Number State CERTIFICATIONS

ACLS CHEMO

License Type: License Number: State: PALS CPR
 NRP Other:

Primary Specialty: Experience (years):

Secondary Specialty: Experience (years):

Specialities: Only check if you are capable and willing to work during an assignment.

ER OB ICU LTC Psych Med/Surg

EMPLOYMENT HISTORY

List employers starting with the most recent:

FIRST EMPLOYER

Facility/Employer: From: To:

City: MT: ZIP Code: Hourly Rate:

Job Title: Immediate Supervisor: Telephone Number:

Summarize nature fo work performed:

Reason For Leaving:

SECOND EMPLOYER

Facility/Employer: From: To:

City: MT: ZIP Code: Hourly Rate:

Job Title: Immediate Supervisor: Telephone Number:

Summarize nature fo work performed:

Reason For Leaving:

THIRD EMPLOYER

Facility/Employer:

From:

To:

City

State

ZIP Code

Hourly Rate

Job Title

Immediate Supervisor

Telephone Number

Summarize nature fo work performed:

Reason For Leaving:

EDUCATIONAL BACKGROUND

Professional Education/College:

Graduation Date:

Degree

Major/Course fo Study

Years Attended

City

State

ZIP Code

Country

PROFESSIONAL REFERENCES

Professional references from current or prior healthcare employer preferred.

Reference 1

Name

Phone Number

Address

City

State

ZIP Code

Reference 2

Name

Phone Number

Address

City

State

ZIP Code

I attest that am the applicant and the information provided in this application is complete and accurate, to the best of my knowledge. Providing incomplete or inaccurate information may result in disqualification from the program and may be a violation of state law(s) that could result in civil penalties.

Name (Printed)

Name (Signature)

Date