



Medical Staffing Services – Employee Application

Providing Quality Private Duty Nursing Services

(410) 788-8050 Office (410) 744-2005 Fax

Personal Data

Full Name: _____

Street Address: _____

City, State, Zip code: _____

Social Security #: _____ Date of Birth (DOB): _____

Home Number #: _____ Cell #: _____

Email Address: _____

Emergency Contact: _____ Phone #: _____

Driver's License #: _____ Transportation Available: Yes No

Describe any physical disabilities or restrictions: _____

Describe any major illnesses, mental illness OR disabling accidents in the past 5 years: _____

Have you received compensation for injuries? _____

Have you been convicted of crime? Yes No If Yes, advise date and charge: _____

How did you hear about Medical Staffing Services? _____

License Information

RN LPN CNA Other _____ License #: _____

State Issued: _____ Expiration Date: _____

Any current restrictions associated with your license? Yes No If Yes, provide details: _____

Do you have a valid CRP certification? Yes No If Yes, expiration date: _____

Education: College, Nursing School, or Aide Class

School Type	Name & Address of Institution	Date: From-To	Degree/Specialization
Nursing School			
College			
Specialized Training			
Continuing Education			

Previous Employment (List Last Employment First)

Employment Dates	Company Name & Address	Position & Duties	Phone#
From: To:			
From: To:			
From: To:			
From: To:			

Specialized Experience (Indicate Number Of Months In Each Category)

Operating Room		OB-GYN		Pediatrics	
Medical Unit		ICU		Hospital Charge Nurse	
Psychiatric		CCU		Nursing Home	
IV Therapy		ER		Private Duty	
Dialysis		PACU		Doctors Office	
Surgical Unit		Nursery		Other	
Orthopedics		NICU			

Preferences: _____ Refuse: _____

Are you a member of any nursing organizations? Yes No If Yes, provide details: _____

Do you have any allergies we should be aware of? Yes No If Yes, provide details: _____

Will you work in a home that has animals? Yes No If No, list restrictions: _____

Days Preferred & Hours Available To Work

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Day hour examples: 7A-3P 8A-4P 6A-5P 7A-7P 7P-7A Other: _____

Night hour examples: 8P-4A 9P-5A 10P-6A 11P-7A 12A-8A 7A-7A Other: _____

If your application is considered favorable, what date will you be available to start work? _____

Signature: _____ Date: _____

Interviewer: _____ **Date:** _____

References sent to: _____

MEDICAL STAFFING SERVICES is proud to be an Equal Employment Opportunity and Affirmative Action employer. We do not discriminate based upon race, religion, color, national origin, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity, gender expression, age, status as a protected veteran, status as an individual with a disability, or other applicable legally protected characteristic.