



EMPLOYMENT APPLICATION

Date Available: _____
 Position Applied For: _____
 Type of Employment Desired:
 Travel Assignment
 Per Diem

PERSONAL INFORMATION

Name: _____

First
Last
Middle Initial

Social Security #: (optional) _____ Email: _____

Address: _____

Street
Apt #
City
State
Zip

Phone: () _____ Cell Phone: () _____ Are you a U.S. citizen or authorized to work in the US? Yes No

In Case of Emergency, Contact: _____ Relationship: _____

Emergency Contact Phone: () _____

Address: _____

PROFESSIONAL CREDENTIALS

License Type: _____ Date Received: _____ State(s) _____

Number: _____ Expiration Date: _____

Specialty (List most current experience first)

1. _____ Years of Experience: _____ As of (indicate date): _____
2. _____ Years of Experience: _____ As of (indicate date): _____
3. _____ Years of Experience: _____ As of (indicate date): _____

Please indicate in which of the following you are currently certified:

ACLS CNOR PALS CRRN BCLS/CPR

Other Certifications: _____

EDUCATION

Vocational/Nursing/Technical School: _____ City: _____ State: _____

Degrees Earned: _____

College/University: _____ City: _____ State: _____

Degrees Earned: _____

College/University: _____ City: _____ State: _____

Degrees Earned: _____

LEGAL QUESTIONS

Have you ever been convicted of a crime or pled guilty or no contest (nolo contendere) to any criminal charge?

Yes No

If yes, please indicate dates, conviction, and final outcome.

Date: _____ Conviction: _____

Outcome: _____

Has your professional license (in any jurisdiction where you may have been licensed) ever been investigated, suspended, or revoked?

Yes No

If yes, please indicate dates, conviction, and final outcome.

Date: _____ Conviction: _____

Outcome: _____

Do you have any malpractice or professional negligence suits pending?

Yes No

If yes, please provide detail of the suit and its current status.

Answering yes to any of these questions will not disqualify you from being considered for employment

CURRENT EMPLOYMENT

Are you currently employed? Yes No

Name of Employer: _____

City: _____ State: _____

Dates Employed: _____

Reason for leaving: _____

Position Held: _____ Hourly Wage: _____

Unit Specialty: _____

Part Time (Hours per week : _____) Full Time

Ave Patient Ratio: _____

Unit Beds: _____ Type of Nursing: Primary Team

Charge Experience: Yes (How Often? _____) No

Supervisor: _____

Phone: (____) _____ Ext: _____

Was this a travel assignment? Yes No

If so, what travel agency? _____

May we contact your current employer? Yes No

PREVIOUS EMPLOYMENT

Name of Employer: _____

City: _____ State: _____

Dates Employed: _____

Reason for leaving: _____

Position Held: _____ Hourly Wage: _____

Unit Specialty: _____

Part Time (Hours per week : _____) Full Time

Ave Patient Ratio: _____

Unit Beds: _____ Type of Nursing: Primary Team

Charge Experience: Yes (How Often? _____) No

Supervisor: _____

Phone: (____) _____ Ext: _____

Was this a travel assignment? Yes No

If so, what travel agency? _____

May we contact your employer? Yes No

The statements made in this application are true to the best of my knowledge. I understand that any falsification will be the basis for disqualification of employment or termination of services. I authorize Alego Health to verify the information I have provided and to contact past employers and references concerning my ability, character and employment records. I release all such persons from liability for furnishing said information. I authorize Alego Health to release a copy of this employment application and any medical information which may be relevant to my employment to their client facilities. By applying to Alego Health, I authorize release of this information and I acknowledge and agree that they may contact me. Nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between Alego Health and the applicant for either employment or for providing of any benefit. All offers of employment are made conditional upon the applicant's proving employment authorization and identity in accordance with the Immigration Reform and Control Act of 1986. Qualified applicants will be considered without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other attribute protected by applicable law.

Signature: _____ Date: _____

Name: _____ Date: _____

PREVIOUS EMPLOYMENT

Please complete all information for each previous position. If any of the jobs listed below were placements through agencies, please provide the name of the agency as well as the name of the facility where you provided care. Please list each facility you worked at separately and include the name of the agency as well.

Facility Name: _____ City: _____ State/Province: _____
Dates employed: From _____ To _____ Reason for Leaving: _____
Position Held: _____ Hourly Wage: _____
Unit Specialty: _____ Part Time (Hours per Week _____) Full Time
Avg Patient Ratio: _____ Unit Beds: _____
Charge Experience: Yes (How Often? _____) No Type of Nursing: Primary Team
Supervisor: _____ Phone: (_____) _____ Ext. _____
Was this a travel assignment? Yes No If so, What travel company? _____
May we contact the agency? Yes No May we contact the Facility? Yes No

Facility Name: _____ City: _____ State/Province: _____
Dates employed: From _____ To _____ Reason for Leaving: _____
Position Held: _____ Hourly Wage: _____
Unit Specialty: _____ Part Time (Hours per Week _____) Full Time
Avg Patient Ratio: _____ Unit Beds: _____
Charge Experience: Yes (How Often? _____) No Type of Nursing: Primary Team
Supervisor: _____ Phone: (_____) _____ Ext. _____
Was this a travel assignment? Yes No If so, What travel company? _____
May we contact the agency? Yes No May we contact the Facility? Yes No

Facility Name: _____ City: _____ State/Province: _____
Dates employed: From _____ To _____ Reason for Leaving: _____
Position Held: _____ Hourly Wage: _____
Unit Specialty: _____ Part Time (Hours per Week _____) Full Time
Avg Patient Ratio: _____ Unit Beds: _____
Charge Experience: Yes (How Often? _____) No Type of Nursing: Primary Team
Supervisor: _____ Phone: (_____) _____ Ext. _____
Was this a travel assignment? Yes No If so, What travel company? _____
May we contact the agency? Yes No May we contact the Facility? Yes No

Facility Name: _____ City: _____ State/Province: _____
 Dates employed: From _____ To _____ Reason for Leaving: _____
 Position Held: _____ Hourly Wage: _____
 Unit Specialty: _____ Part Time (Hours per Week _____) Full Time
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 Charge Experience: Yes (How Often? _____) No Type of Nursing: Primary Team
 Supervisor: _____ Phone: (_____) _____ Ext. _____
 Was this a travel assignment? Yes No If so, What travel company? _____
 May we contact the agency? Yes No May we contact the Facility? Yes No

Facility Name: _____ City: _____ State/Province: _____
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 May we contact the agency? Yes No May we contact the Facility? Yes No

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