

Employment Application

Your Personal Information	
Name _____ <small style="display: flex; justify-content: space-between; width: 100%;"> First Last Middle Initial </small>	Date Available _____ Employment Desired: <input type="radio"/> Travel Assignment <input type="radio"/> Per Diem
Nickname _____ Social Security # _____	
Current Mailing Address _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Good Until Street Apt. # </small>	
_____ <small style="display: flex; justify-content: space-between; width: 100%;"> City State / Province Zip Country </small>	
Current Phone () _____ Cell Phone () _____ Email _____	
Permanent Address _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Street Apt. # </small>	
_____ <small style="display: flex; justify-content: space-between; width: 100%;"> City State / Province Zip Country </small>	
Permanent Phone () _____ Are you currently eligible for employment in the U.S.? <input type="radio"/> Yes <input type="radio"/> No	
In Case of Emergency Contact _____ Relationship _____	
Phone () _____ Address _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Street Apt. # </small>	
_____ <small style="display: flex; justify-content: space-between; width: 100%;"> City State / Province Zip Country </small>	
Were you referred by anyone? If so, whom? _____	

Professional Credentials	
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 WHICH OF THE FOLLOWING CREDENTIALS YOU CURRENTLY HOLD. (Please attach appropriate copies. Use paper clips only. Do not staple form.)	
<input type="radio"/> ACLS <input type="radio"/> NRP <input type="radio"/> CNOR <input type="radio"/> CHEMO <input type="radio"/> PALS <input type="radio"/> CRRN <input type="radio"/> BCLS/CPR <input type="radio"/> CEN <input type="radio"/> CRITICAL CARE COURSE <input type="radio"/> OCN <input type="radio"/> TNCC <input type="radio"/> CERTIFIED FIRST ASSIST	Related Courses _____ _____ _____ <i>Attaching copies of current credentials will help expedite the application process.</i>

Education	
VOCATIONAL/NURSING SCHOOL: _____	
City _____	State _____
Date Passed Boards/Certification _____ <small style="display: flex; justify-content: center; width: 100%;"> Month / Year </small>	Degree/Certification Earned _____
COLLEGE/UNIVERSITY: _____	
City _____	State _____
Date Passed Boards _____ <small style="display: flex; justify-content: center; width: 100%;"> Month / Year </small>	Degree Earned _____
COLLEGE/UNIVERSITY: _____	
City _____	State _____
Date Passed Boards _____ <small style="display: flex; justify-content: center; width: 100%;"> Month / Year </small>	Degree Earned _____

Legal Questions

1. At any time before or after becoming a healthcare professional, have you ever been charged with a crime or been convicted or pled guilty or no contest (nolo contendere) to any criminal charge (whether disciplined or cleared)?

Yes No *If yes, please indicate dates, conviction, final outcome and attach a separate sheet with full particulars.*
 Date _____ Conviction _____
 Outcome _____

2. Are you aware of any circumstances, which may result in a malpractice claim or suit being made or brought against you?

Yes No *If yes, please indicate dates, circumstances and attach a separate sheet with full particulars.*
 Date _____ Circumstances _____
 Outcome _____

3. Has any medical malpractice claim or suit ever been brought or threatened against you or your employer for your acts?

Yes No *If yes, please provide detail of the suit and its current status and attach a separate sheet with full particulars.*
 Date _____ Circumstances _____
 Outcome _____

4. Have you ever been the subject of a reprimand or disciplinary action or refused employment or admission to a professional society or had professional privileges suspended by any court or administrative agency, regulatory board, or State Board of Nursing, or ever been the subject of any ethics investigation at local, state or national level (whether disciplined or cleared)?

Yes No *If yes, please indicate dates, circumstances, final outcome and attach a separate sheet with full particulars.*
 Date _____ Circumstances _____
 Outcome _____

Current Employment

Are you currently employed? Yes No
 Hospital Name _____
 City _____ State/Province _____
 Dates employed _____ - _____
 Hospital Type: Teaching Non-teaching
 Reason for leaving? _____
 Position Held _____ Hourly wage _____
 Unit Specialty _____
 Part Time (Hours per week? _____) Full Time
 Avg. Patient Ratio _____ Hospital Beds _____
 Unit Beds _____ Type of Nursing Primary Team
 Computerized Charting Yes No Type _____
 Charge Experience: Yes (How often? _____) No
 Supervisor _____
 Phone () _____ ext. _____
 Is this a travel assignment? Yes No
 If so, what travel company? _____
 May we contact your current employer? Yes No

Previous Employment

Hospital Name _____
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 Dates employed _____ - _____
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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 Cross Country TravCorps and Cross Country Local, Inc. 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 CC Staffing, Inc, an affiliate of Cross Country TravCorps and Cross Country Local, Inc. and my employer, to release a copy of this employment application and all information which may be relevant to an assignment with their client facilities, including any required healthcare information. By applying to Cross Country TravCorps and Cross Country Local, Inc., I authorize release of this information to all other affiliates of the Company and I acknowledge and agree that they may contact me using facsimile or any other means. I understand that Cross Country TravCorps and Cross Country Local, Inc. will be providing my profile to facilities and that any opportunity I may have to arrange and schedule an interview with such facility is a result of Cross Country TravCorps' and Cross Country Local, Inc.'s effort for my benefit. Accordingly, I agree that any interview such facility schedules or arranges with me may not be redirected to another agency. Nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between CC Staffing, Inc. and the applicant for either employment or for providing of any benefit. All offers of employment are made conditional upon the applicant's providing employment authorization and identity in accordance with the Immigration Reform and Control Act of 1986.

X _____
 Signature

 Date

Please complete all information for each hospital. If any of the employers listed below are day agencies, please provide the name of the agency as well as the name of the hospital where you provided per diem care (i.e., list each hospital you worked at separately and include the agency name as well). List the most recent employer first.

Previous Employment	
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