



Application for Employment

PHY _____ DOS _____ RTT _____ RN-O _____ Other _____
 Please Check One

Name:			SS#	
Current Address:				
	Street	City	State	Zip
Permanent Address				
	Street	City	State	Zip
Permanent Phone:			Email	

College or Technical School	City/State	Year	Degree

List Specialties	Years of Experience	Dates

Professional License #	State	Expiration Date

Please list all courses and certifications

Course or Certification (circle)	Date Taken (if applicable)	Expiration (if applicable)
BCLS/ACLS		
PALS/NALS		

Shift Preference	1.	2.	3.
Travel Location Preference:			
How did you hear about Nursing Management Services?			



Have you ever been the subject of a disciplinary action, refused admission or reprimanded by a state-licensing bureau?	Yes	No
If yes, please explain:		

Emergency Contact Information	
In case of emergency, please contact:	
1. Name:	
Full Address:	
Telephone	Alt. Telephone
2. Name:	
Full Address:	
Telephone	Alt. Telephone

Note: I understand that, in receiving this information the Company (ATC TRAVELERS) does not assume any greater legal obligation or liability than would otherwise be imposed in the event I should suffer any illness or injury. I will promptly advise the company if there is any change in the information I have furnished above.	
Signed:	Date:



Previous Employment

List most recent employer first. If working through an agency, please indicate facility name and address as agency

1. Hospital or Facility			
Address:		City:	State: Zip:
Dates of employment	To:	From:	Position Held:
Clinical Area:		No. of beds in unit:	
Brief description of duties:			
Immediate Supervisor:		Phone:	
Reason for leaving:		May we contact this person?	

2. Hospital or Facility			
Address:		City:	State: Zip:
Dates of employment	To:	From:	Position Held:
Clinical Area:		No. of beds in unit:	
Brief description of duties:			
Immediate Supervisor:		Phone:	
Reason for leaving:		May we contact this person?	

3. Hospital or Facility			
Address:		City:	State: Zip:
Dates of employment	To:	From:	Position Held:
Clinical Area:		No. of beds in unit:	
Brief description of duties:			
Immediate Supervisor:		Phone:	
Reason for leaving:		May we contact this person?	

PLEASE ATTACH ADDITIONAL EMPLOYMENT INFORMATION OR RESUME

I certify that the information in this application is correct, accurate and complete. I understand that any misstatements or omissions may result in disqualification from further consideration or termination of representation. I also understand and agree that I am an employee "at will" and that ATC TRAVELERS does not guarantee any number of contracts. I authorize ATC TRAVELERS to contact the above listed personnel to obtain employment history, credentials and other relevant information

Signature: _____ Date: _____