Freedom Healthcare Staffing

RN Employment Application

Applicant Information (Please Print)

Full Name: _____ Date: _____
Last *First* *M.I.*

Previous Name(s) _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: ( ) _____ E-mail Address: _____

Cell Phone: ( ) _____ Driver's license: State _____ No. _____

Social Security No.: _____ Emergency Contact Name: _____ Emergency Contact No: _____

Referred by: _____

RN Licensure Information (Please indicate license number and expiration date)

State:	License No.:	Expiration Date:	State:	License No.:	Expiration Date:

Please list your original state of licensure: _____

Specialties and Professional Credentials

Specialties (Indicate if Primary):	Years of Experience:	Approximate Date Last Worked:	Please include copies of credential Credential:	Expiration Date:	Credential:	Expiration Date:
			ACLS		CNOR	
			BLS/CPR		ENCP	
			PALS		Chemo	
			NALS/NRP		CRRN	
			CEN		OCN	
			TNCC		Critical Care Course	

Education

Nursing School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Legal

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐ If yes, explain: _____

Have you ever been party to a medical malpractice case? YES ☐ NO ☐ If yes, explain: _____

Has your license(s) or certification(s) ever been under investigation, revoked or suspended? YES ☐ NO ☐ If yes, explain: _____

Have you ever worked for this Company? YES ☐ NO ☐ If so, when? _____

Employment History

Hospital: _____ Phone: ( ) _____

Address: _____ Supervisor: _____

Job Title: _____ Specialty/Unit:: _____ Agency (if any): _____

From: _____ To: _____ Reason for Leaving: _____

Hospital: _____ Phone: ( ) _____

Address: _____ Supervisor: _____

Job Title: _____ Specialty/Unit:: _____ Agency (if any): _____

From: _____ To: _____ Reason for Leaving: _____

Hospital: _____ Phone: ( ) _____

Address: _____ Supervisor: _____

Job Title: _____ Specialty/Unit:: _____ Agency (if any): _____

From: _____ To: _____ Reason for Leaving: _____

Computer Skills

Please list any hospital information systems that you have experience with (i.e., automated pharmacy or nurse documentation):

_____

_____

_____

Disclaimer and Signature

I certify that my answers are true and complete. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate termination. I affirm that the presentation of attachments, resumes and copies of licenses and certifications applying to myself are true and correct without any omissions. I understand that as a condition of employment, I may be required to take a pre-placement

medical examination, and pass a drug and alcohol screening in the following circumstances, but not limited to: pre-employment, post accident, for cause and random selection. I authorize FREEDOM HEALTHCARE STAFFING, (FHCS) or their designees, the permission to verify the information provided by me as a condition of employment, and conduct a detailed criminal/civil background investigation of myself, including any areas deemed appropriate by a client facility. FHCS will not disclose the results of any medical examination or laboratory screening without my specific written approval.

I understand and agree that my position is not for a guaranteed designated time period, and may be terminated by the client facility at any time without notice for circumstances not under the control of FHCS. I further understand that my continued employment is contingent upon my being able to successfully qualify for and perform the essential position and functions for which I am being hired, including if required by the client facility, any specific competency examination.

Signature: _____ Date: _____

Please return this form by fax or mail to:

Freedom Healthcare Staffing
2600 S. Parker Road, Suite 6-360
Denver, CO 80014
Fax No. 866.463.0387