

UNITED MEDICAL STAFFING NETWORK

A MEDSEARCH Division

NURSE

Presentation of Qualifications

(confidential)

www.unitedmsn.com

Please complete all blanks – this will enable us to represent you with complete knowledge of your needs and requirements

Date: ____/____/____

Interviewed By: _____

Last Name (*Full name as it appears on your S.S. card*) _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Pager # /Emergency # /Cell # _____ Soc. Security # **Last Four Digits** _____

Ans. Machine Voice mail E-mail Address: _____

Availability: Full time Part time Temporary Permanent Summer

Shifts Preferred: 7-3 3-11 11-7 7A-7P 7P-7A Other _____

<u>Education:</u>	<u>School Name</u>	<u>Degree</u>	<u>Graduated</u>	<u>#Yrs Attended</u>	<u>GPA</u>
Nursing School	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
College	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Post Graduate	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____

Professional Healthcare License

License Number _____ Expiration Date _____, I, _____, do hereby attest that I have a current and valid RN/LPN license for the state of _____.

Signature: _____ Date: ____/____/____ Witness: _____

Current ACLS Expiration Date: ____/____/____ **Current CPR** Expiration Date: ____/____/____

Current PALS Expiration Date: ____/____/____

Most Recent Physical ____/____/____

Most Recent Mantoux: ____/____/____

Hepatitis B Vaccine Status I have received the complete series I decline at this time

(Please read information provided on Hepatitis)

An Equal Employment Opportunity Employer

EMPLOYMENT HISTORY
(List Most Recent Employer First)

<hr/> Employer	<hr/> Job Title	<hr/> Supervisor Name/Title		
<hr/> Address	<hr/> City	<hr/> State	<hr/> Zip	<hr/> Phone
<hr/> / /	<hr/> / /	<hr/> \$	Check Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<hr/> Starting Date	<hr/> Ending Date	<hr/> Ending Salary		
<hr/> Reason For Leaving				
<hr/> Specialty _____ Duties Performed _____				

<hr/> Employer	<hr/> Job Title	<hr/> Supervisor Name/Title		
<hr/> Address	<hr/> City	<hr/> State	<hr/> Zip	<hr/> Phone
<hr/> / /	<hr/> / /	<hr/> \$	Check Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<hr/> Starting Date	<hr/> Ending Date	<hr/> Ending Salary		
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<hr/> / /	<hr/> / /	<hr/> \$	Check Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<hr/> Starting Date	<hr/> Ending Date	<hr/> Ending Salary		
<hr/> Reason For Leaving				
<hr/> Specialty _____ Duties Performed _____				

Personal References:		
<hr/> Name	<hr/> Address	<hr/> Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Valid Driver's License? YES NO Driver's License # _____ State Issued _____

Have you ever been convicted of a felony? YES NO

U.S. Citizen? YES NO

If no, are you legally permitted to work in the U.S.? YES NO

U.S. Military Veteran? YES NO Branch _____

SKILLS: Please check where proficient.

CLERICAL SKILLS:

Electric _____ WPM

Word Processor _____ WPM

Word Processor Systems:

WordPerfect

Microsoft Word

ELCOMP

Systems:

Windows 95

Macintosh

TRANSCRIPTION:

Type of Machine-Specialty
(Radiology, Peds, etc.)

PRIVATE DUTY:

Adults

Pediatrics

HOSPITAL FLOORS:

L&D

Med/Surg

Mother/Baby

Neurology

Nurse Manager

Nursing DON

Oncology

Orthopaedics

Rehab/Skilled

Pediatrics

Psychiatric

Radiology

OFFICES & CLINICS:

Allergy

Dermatology

FP/IM

Urgent Care

OB/GYN

Ophthalmology

Optometry

Cardiac Lab

Oncology

GI Lab/Endo

HOME HEALTH:

Pediatrics

Case Manager

Adults

NURSING HOME SKILLS:

Charge Nurse

LPN NH

RN NH

Ventilators

Utilization Review

SPECIFIC CLINICAL SKILLS:

Dialysis

Phlebotomy

IV Insertion Ped

IV Insertion Adult

EKG Interpretation

ALTERNATIVE NURSING:

Occupational Health

Risk Management

Insurance Company

Legal Review

Utilization Review

Nurse Consultant

Telephone Triage

Staffing

Sales

**AUTHORIZATION CONTRACT BETWEEN
UNITED MEDICAL STAFFING NETWORK (UMSN)
A MEDSEARCH Division
AND APPLICANT**

This will serve to confirm the filing of my application seeking employment through the services and assistance of your employment agency. I certify that all of the information supplied by me in this application is accurate and true. This information will be relied upon by UMSN as a condition of employment and I agree that if any of it is found to be false, such false information will constitute sufficient reason for my dismissal.

As a UMSN applicant, I am required to deal directly through UMSN on any position offered to me by potential employers which UMSN has introduced to me. This agreement stands in effect for six months from my last contract with said potential employer.

I understand that, subject to my compliance with UMSN policies regarding any offer of employment, I will never be charged a fee by UMSN. All fees are paid by the employer.

I acknowledge you have advised me that in connection with this application, reference verifications may be requested. I hereby authorize your obtaining such a reference verification from past employers and/or coworkers. I further understand that I have the rights to make a written request to UMSN to learn the reference information supplied by past employers and/or coworkers. I hereby release any such employer or person from any and all liability of whatever nature as the result of furnishing such information.

I understand and agree that I must contact/inquire for work with UMSN for available work upon the conclusion of each work assignment as a condition of my employment. If suitable work assignments are available with UMSN, upon conclusion of a work assignment and I fail to inquire about another work assignment, I may not be eligible for unemployment benefits. (ORC 4141.29)(A)(5)).

I acknowledge that I have read and understand this statement. My signature serves as authorization to request such information from previous employers and/or coworkers; and also confirms I understand my responsibility as a UMSN applicant.

Applicant's Signature

Date

**---DO NOT WRITE IN THIS SPACE---
---FOR OFFICE USE ONLY---**

Availability

Reason for leaving most recent position

Salary requirements

Ideal position

Applications submitted

Additional Information

Notes