# Nursing Employment Application

**Please print or type**
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American Traveler
Staffing Professionals
1615 South Federal Highway, Suite 300, Boca Raton FL 33432
Tel: 800.884.8788 • Fax: 888.884.6510
Email: info@americantraveler.net • Internet: www.americantraveler.net

**Personal Information** Date ______________________

Name ____________________________________________
Last First Middle Name

Permanent Address ____________________________________________ Country ______________
Street Address City State Zip Code

Phone (____) _____ - _____ Answering Machine? ❑ Yes ❑ No Cell (____) _____ - _____ Best Time To Call ______________ E-mail Address ______________________

Current Address ____________________________________________ Country ______________
Street Address City State Zip Code

Phone (____) _____ - _____ Answering Machine? ❑ Yes ❑ No Best Time To Call ______________________ At This Location Until ______________________

**Employment Status**

U.S. Social Security # __________ - __________ - __________ Canadian Social Security # __________ - __________ - __________

Are you a U.S. Citizen? ❑ Yes ❑ No If not a U.S. Citizen, please indicate your immigration status: ❑ H1-B Visa ❑ TN Visa ❑ Resident Alien ❑ Other

Upon employment, are you qualified to work, for more than one year, without any approvals from any U.S. government agencies? ❑ Yes ❑ No Date you can start working ______________________

**Additional Information**

How did you hear about us? ❑ Nursing Magazine ❑ RN ❑ AJN ❑ HT ❑ Canadian Nurse ❑ Travel Nurse Supplement ❑ Website ❑ Convention ❑ Referral ❑ Other

If 'Referral' or 'Other' please indicate: ______________________ Have you ever applied with us before? ❑ Yes ❑ No If so, when? ______________________

Are you working with a Consultant? ❑ Yes ❑ No If so, what is their name? ____________________________________________

**Medical Experience**

Healthcare Profession: ❑ RN ❑ LPN ❑ Graduate Nurse ❑ Other Total Years: ______________

| Specialty | Experience in Years | Certifications | Expiration Date | Credentials | Expiration Date |
|---|---|---|---|---|---|
| ❑ Critical Care | __________ | ❑ CPR | __________ | ❑ CNOR | __________ |
| ❑ Neonatal Intensive Care | __________ | ❑ CPR/BLS | __________ | ❑ CNS | __________ |
| ❑ Pediatric Intensive Care | __________ | ❑ NPR | __________ | ❑ CRNI | __________ |
| ❑ Emergency Room | __________ | ❑ ACLS | __________ | ❑ TCCN | __________ |
| ❑ Telemetry | __________ | ❑ NALS | __________ | ❑ TNS | __________ |
| ❑ Labor & Delivery Newborn Nursery, Postpartum | __________ | ❑ PALS | __________ | ❑ CCRN | __________ |
| ❑ Operating Room | __________ | ❑ Other | __________ | ❑ CEN | __________ |
| ❑ Medical/Surgical | __________ | | | ❑ OCN | __________ |
| ❑ Pediatric | __________ | | | ❑ Other | __________ |
| ❑ Mental Health | __________ | | | ❑ None | __________ |

**Education** Please fill out at least one of the following Education rows completely.

| | Institution Name | Location | Graduated | Diploma/Degree |
|---|---|---|---|---|
| Nursing School | ______________ | ______________ | ❑ Yes ❑ No | ❑ Diploma |
| College/University | ______________ | ______________ | ❑ Yes ❑ No | ❑ A.D.N ❑ B.S. ❑ B.A. |
| Graduate School | ______________ | ______________ | ❑ Yes ❑ No | ❑ MSN |
| Vocational/Technical | ______________ | ______________ | ❑ Yes ❑ No | ❑ Certification Type __________ |

**Professional Licensure** Please list all of your licenses:

What month and year did you pass your U.S. or Canadian nursing boards/registration exams? ______________________ In which country? ❑ U.S. ❑ Canada

Original State __________ License # __________ Expiration Date ______ State/Province __________ License # __________ Expiration Date ______

State/Province __________ License # __________ Expiration Date ______ State/Province __________ License # __________ Expiration Date ______

State/Province __________ License # __________ Expiration Date ______ State/Province __________ License # __________ Expiration Date ______

Has your professional license or certificate ever been investigated or suspended? ❑ Yes ❑ No

Have you ever been named as a defendant in a malpractice claim? ❑ Yes ❑ No

Have you ever been convicted of a crime? ❑ Yes ❑ No

Do you hold a professional licensure under any other name? ❑ Yes ❑ No If so, under what name? ______________________

**If you answered YES on any of the questions above, please attach a separate sheet with explanation (include dates and outcomes).**

**Please complete side two of this application. Thank you.**

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Name ______________________________________________
Last First Middle Name

**Geographical Preferences** Please select at least one of the following geographical preferences

**Preference By State/Province and City**

1st: State ____________________ City ____________________

2nd: State ____________________ City ____________________

**Preference by U.S. Region**

1st: ❑ North East ❑ Mid Atlantic ❑ South East ❑ Mid West ❑ North West ❑ West ❑ South West

2nd: ❑ North East ❑ Mid Atlantic ❑ South East ❑ Mid West ❑ North West ❑ West ❑ South West

**Employment**

Are you employed now? ❑ Yes ❑ No

Please list all employment for past 10 years. Document reasons for periods of unemployment or gaps in employment history.

If yes, may we contact your most recent employer? ❑ Yes ❑ No

May we contact your previous employers? ❑ Yes ❑ No

**Employment History** Start with most recent.

Facility Name ____________________ Teaching Facility? ❑ Yes ❑ No Number of hospital beds: ❑ 0-49 ❑ 50-99 ❑ 100-199 ❑ 200-299 ❑ 300-399 ❑ 400-499 ❑ 500-600 ❑ 700+

Address ______________________________________________ Country__________
Street Address City State Zip Code

Employment Dates: Start Date ____________ End Date ____________ Salary ____________ Bonus ____________

Specialty Unit(s) Worked in ____________________ Position ____________________ Charge Experience ❑ Yes ❑ No

Number of unit beds: ____________________ Nurse Patient Ratio: ____________________

Float? ❑ Yes ❑ No If yes, which unit? ____________________ How often? ____________

Shift Worked: ❑ 7am-7pm ❑ 7pm-7am ❑ Days ❑ Evenings ❑ Nights ❑ Other Average Patient Case Load ____________ Was this a travel assignment? ❑ Yes ❑ No

Agency (or N/A) ____________________ Reason for leaving ____________________

Supervisor ____________________ Supervisor Title ____________________

Supervisor Phone ( ________ ) ________ - ________ Ext ________ Best Time to Call ____________________

Facility Name ____________________ Teaching Facility? ❑ Yes ❑ No Number of hospital beds: ❑ 0-49 ❑ 50-99 ❑ 100-199 ❑ 200-299 ❑ 300-399 ❑ 400-499 ❑ 500-600 ❑ 700+

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**Emergency Contact**

Name ______________________________________________
Last First Middle Name

Address ______________________________________________ Country__________
Street Address City State Zip Code

Phone ( ______ ) ______ - ______ Cell ( ______ ) ______ - ______ Relationship ____________________

I understand that any employment offers are conditioned upon undergoing a medical examination, and if required by the client, certain states or ATSP, a drug screen and/or criminal background check. I authorize the release of this application, reference information, and medical information relating to my employment with ATSP and client facilities where I may be employed. I further give ATSP authorization to verify the information I have provided and to conduct reference checks through contact with past employers. I release all persons providing such information from any liability for providing this information. I certify the information provided in this application and supporting documents is true, correct and complete. Any misrepresentation, omission or falsification of facts on the application or supporting documentation may result in immediate dismissal.

Signature ______________________________________ Date ____________________

# Additional Employment Profile

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Name ______________________________________________
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Are you employed now? ❑ Yes ❑ No

If yes, may we contact your most recent employer? ❑ Yes ❑ No

May we contact your previous employer? ❑ Yes ❑ No

**Please list all employment for the past ten years. Document reasons for periods of unemployment or gaps in employment history. Start with most recent.**

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**Important: Your signature is required on side two of this application. Thank you.**

# Additional Employment Profile

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**Please print or type**
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Name ______________________________________________
Last First Middle Name

**Complete for previous ten years of employment.**

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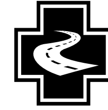
I understand that any employment offers are conditioned upon undergoing a medical examination, and if required by the client, certain states or ATSP, a drug screen and/or criminal background check. I authorize the release of this application, reference information, and medical information relating to my employment with ATSP and client facilities where I may be employed. I further give ATSP authorization to verify the information I have provided and to conduct reference checks through contact with past employers. I release all persons providing such information from any liability for providing this information. I certify the information provided in this application and supporting documents is true, correct and complete. Any misrepresentation, omission or falsification of facts on the application or supporting documentation may result in immediate dismissal.

Signature ______________________________________________ Date ____________

# Traveler Questionnaire

**Please print or type**



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**Today's Date** ______________________________

**Applicant Name** ______________________________ **Professional Specialty** ____________________

The best time to reach me is ______________________________ Phone Number(s)____________________

Permanent Address ______________________________ City______________ State__________ Zip________

Current Address ______________________________ City______________ State__________ Zip________

Is this your first travel assignment? ☐ Yes ☐ No

I have taken: ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 6+ Assignments

My geographical preferences are:

1. ____________________ 2. ____________________ 3. ____________________

My shift preferences are:

1. ____________________ 2. ____________________ 3. ____________________

The date I am available to take an assignment is ______________________________

My main reasons for taking a travel assignment are: (Rank order 1-7)

_____ Advance my career
_____ Better compensation
_____ Better benefits
_____ New Experiences
_____ New Locations, see the country
_____ Change of lifestyle
_____ Meet new friends

When I am not working, I enjoy: (please write in specifics)

_____ Sports ____________________
_____ Recreation ____________________
_____ Entertainment ____________________
_____ Museums & Historical Sites
_____ Educational Advancement
_____ Shopping
_____ Other ____________________

I would like to be making ____________________ in compensation.

The most important considerations to me in taking a travel assignment are: ____________________

______________________________________________________________

______________________________________________________________

There are some additional thoughts I'd like to share with American Traveler regarding a potential assignment:____________________

______________________________________________________________

______________________________________________________________

I plan on traveling for ______________________________ period of time.

After that time frame, I would like to consider a permanent placement: ☐ Yes ☐ No

Thank you for taking the time to complete this questionnaire. We will utilize the information provided only to supply you with travel opportunities that meet your criteria. We look forward to finding you the Ultimate Travel Assignment!

# Refer-All Bonus Card

You will earn $500 for each person you refer who completes a travel assignment with American Traveler. Please complete as much information as you have available, so that we might send an application packet or phone the referral for more complete details.

Thank you.

Name ________________________
Address ________________________
City ____________ State ________ Zip ________
Phone (________) ________________________
Profession/Specialty ________________________
E-mail ________________________
Additional Information ________________________
(Currently on travel assignment, available start date, geographical preference . . .)

Name ________________________
Address ________________________
City ____________ State ________ Zip ________
Phone (________) ________________________
Profession/Specialty ________________________
E-mail ________________________
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(Currently on travel assignment, available start date, geographical preference . . .)

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