

Allied Health Professionals Application



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

Please print or type
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Personal Information

Name _____ Date _____
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 (____) ____ - ____ 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? Advance ASRT 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: _____ Total Years: _____

Specialty	Experience in Years	Certifications	Expiration Date	Credentials	Expiration Date
<input type="checkbox"/> General Radiography	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Mammography	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Magnetic Resonance Imaging	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Computed Tomography	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Special Procedures	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Radiation Therapy	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Ultrasound Vascular	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Echocardiography	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Nuclear Medicine	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Bone Densitometry	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Ophthalmic Ultrasound Biometrist	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____

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

Institution Name	Location	Graduated	Diploma/Degree
College/University _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> _____
Graduate School _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> _____
Vocational/Technical _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Certification Type _____

Professional Licensure Please list all of your licenses:

What month and year did you pass? _____ In which country? U.S. Canada

Original State	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

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

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

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 _____
Street Address City State Zip Code Country _____
Employment Dates: Start Date _____ End Date _____ Salary _____ Bonus _____
Specialty Unit(s) Worked in _____ Position _____ Charge Experience Yes No
Number of unit beds: _____ Healthcare Provider/Patient Ratio: _____
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 _____

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Emergency Contact

Name _____
Last First Middle Name
Address _____
Street Address City State Zip Code Country _____
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



Please print or type
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Important: Your signature is required on side two of this application. Thank you.

Additional Employment Profile



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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 _____
Additional Information _____
(Currently on travel assignment, available start date, geographical preference . . .)

Name _____
Address _____
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