

# Employment Application



**American Traveler**  
Staffing Professionals

1699 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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Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Current Address \_\_\_\_\_  
Street Address City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Will be at this location until Best times/days to reach you

Permanent Address \_\_\_\_\_  
Street Address City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_  
Best times/days to reach you

U.S. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Canadian Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Have you ever applied to us before?  Yes  No When? \_\_\_\_\_  
Friend, Internet, Magazine, Journal or Newspaper

RN  LPN  Tech Specialty \_\_\_\_\_  
 Travel Assignment  Permanent Placement  Other Date you can start \_\_\_\_\_

Areas of Clinical Experience 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Length of Experience in Above Areas \_\_\_\_\_

Geographical Preference 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What month and year did you pass U.S. nursing boards/registration exams? \_\_\_\_\_ Canadian nursing boards? \_\_\_\_\_

(Include photocopies of all licences held) State \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Original State \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

State \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Has your professional license or certification 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 nursing license under any other name? If yes, please list name \_\_\_\_\_  Yes  No

Upon Employment, are you qualified to work, for more than one year, without any approvals from any U.S. government agencies? .....  Yes  No

If you will be employed on a Visa, please specify the type of work U.S.A. \_\_\_\_\_

If yes on any of the first three questions, please attach a separate sheet with explanation (include dates and outcomes).

## Education

Name/Location of School	Graduated	Diplomas/Degrees Received
Nursing School _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Graduate School _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Certifications	Exp. Date	Certifications	Exp. Date
CPR (required) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In Case of Emergency, Notify \_\_\_\_\_  
Name Relationship

Address \_\_\_\_\_  
Street Address City State Zip Code Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Applicant's Name \_\_\_\_\_  
Last First Middle Initial

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.

Facility \_\_\_\_\_  Non-Teaching  Teaching Number of Beds \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip Code

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Specialty Unit(s) Worked in \_\_\_\_\_ No. of Unit Beds \_\_\_\_\_ Charge Experience?  Yes  No

Position Held \_\_\_\_\_ Average Patient Caseload \_\_\_\_\_ Shift Worked \_\_\_\_\_

Facility Supervisor's Name and Title \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Agency (If Applicable) \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Salary \_\_\_\_\_  
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City State

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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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Complete for previous ten years of employment.

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