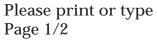
Employment Application





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

Date							
Name			First			Middle Initi	ol .
Current Address			FIISt				di
Phone ()	Street Address	City		State		Zip Code	
Permanent Address		Will be at this	s location until			Best times/days to reach you	
	Street Address	City		State	E mail	Zip Code	
Phone ()		Best t	imes/days to reach you		E-IIIAII		
U.S. Social Security#			Canadia	n Social Security	#		
How did you hear about us?			Have you ever a	applied to us before	?□Yes□No Wh	nen?	
	Friend, Internet, Magazine, Journ	al or Newspaper					
	7 m	Пт.	G 1.				
	☐ LPN ☐ Permanent Placement	☐ Tech ☐ Other					
Areas of Clinical Experience	1		•				
Length of Experience in Above Area	s						
Geographical Preference	1		2			3	
What month and year did you pass	U.S. nursing boards/regist	ration exams?		Ca	nadian nursing board	ls?	
(Include photocopies of all licences held)			State	Lice	ense #	Exp. D	ate
Original State License						•	ate
State License		•				Exp. D	
Has your professional license or cer Have you ever been named as a def Have you ever been convicted of a c Do you hold a nursing license und Upon Employment, are you qualifi If you will be employed on a Visa, I If yes on any of the first three	endant in a malpractice cla rime? er any other name? If yes, j ed to work, for more than o blease specify the type of wo	nim?please list name ne year, without any a rk U.S.A	pprovals from any U.S.	government agenc	ies?		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
			— Education				
v . al l	Name/Location of Scho	ool		Graduated		s/Degrees Received	
Nursing School College] No] No		
Graduate School					No		
			_				
Certifications CPR (required)		Exp. Dat	de Certific	cations			Exp. Date
In Case of Emergency, Notify						DI C. L.	
Address		Name				Relationship Phone ()
Street Address		City		State	Zip Code	\	,

Employment Application



Applicant's Name											
Last	□voc	Пио			If you m	First	t maant amplayari	□ Voc	Middle Initial		
Are you employed now?	Yes	□ No	□ No If yes, may we contact your most recent employer? May we contact your previous employer?				1 3	☐ Yes	□ No □ No		
Dl l'. + . ll l	May we co. Please list all employment for the past ten years. Document reasons for periods					• •		165			
Please list all employment	t for the p	ast ten ye	ars. Docui	nent reasons	or period	is of unemploymen	l.				
Facility							☐ Non-Teaching	☐ Teaching	Number of 1	Beds	
Address	Street Ad	dmee		City		State		Zip Cod			
Dates Employed: From			To	,			r	•			
Specialty Unit(s) Worked in						_					□No
											_
Position Held											
Facility Supervisor's Name and											
Agency (If Applicable)		City			State		Phone ()		_ Salary	
Facility							☐ Non-Teaching	☐ Teaching	Number of F	Beds	
Address											
Takaroso	Street Ad	ldress		City		State		Zip Cod	e		
Dates Employed: From			_ To			_ Reason for Leaving	j				
Specialty Unit(s) Worked in						No. of Unit Beds		(harge Experience?	Yes	□No
Position Held						Average Patient Cas	seload		Shift Worked		
Facility Supervisor's Name and '	Title						Phone ()		_ Ext	
Agency (If Applicable)							Phone ()		_ Salary	
		City			State						
Facility							□ Non-Teaching	☐ Teaching	Number of I	Beds	
Address								71.0.1			
Dates Employed: From	Street Ad	ldress	_ To	City		State Reason for Leaving	r	Zip Cod	e		
1 0									hanga Ermanian as 2	□ Voc	□No
Specialty Unit(s) Worked in							seload				
Position Held						_					
Facility Supervisor's Name and											
Agency (If Applicable)		City			State		Phone ()		_ Salary	
I understand that any employment release of this application, reference		-					-		criminal background o	heck. I auth	orize the
I further give ATSP authorization to	verify the inf	formation I h	ave provided a	nd to conduct ref	erence checks t	hrough contact with past o	employers, I release all p	persons providing	such information fron	n any liabilit	y for
providing this information.											
I certify the information provided in result in immediate dismissal.	this applicat	ion and supp	orting docum	ents is true, corre	ct and complete	e. Any misrepresentation, o	mission or falsification	of facts on the ap	plication or supporting	g documenta	ition may
Signature									Date		

Additional Employment Profile Please print or type Please 1/9

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Applicant's Name											
Last					First		Middle Initial				
Are you employed now? Yes No				3	ay we contact your mos	Yes	□ No				
					May we	contact your previous en	nployer?	Yes	☐ No		
Please list all employment for	r the pa	ast ten ye	ars. D	ocument reasons fo	or period	ls of unemployment					
Facility							☐ Non-Teaching	Teaching	g Number of 1	Beds	
Address											
	Street Add			City		State		Zip Co	ıde		
Dates Employed: From									GI F		
Specialty Unit(s) Worked in									Charge Experience?		□No
Position Held						o .					
Facility Supervisor's Name and Title											
Agency (If Applicable)		City			State		Phone ()		_ Salary	
Facility							☐ Non-Teaching	☐ Teaching	g Number of 1		
Address							in Non Teaching	reactining	, Number of I	JCUS	
Audi cas	Street Add	ress		City		State		Zip Co	ode		
Dates Employed: From			_ To			_ Reason for Leaving					
Specialty Unit(s) Worked in									Charge Experience?		☐ No
Position Held						Average Patient Cas	eload		Shift Worked		
Facility Supervisor's Name and Title				 			Phone ()		_ Ext	
Agency (If Applicable)							Phone ()		_ Salary	
		City			State						
Facility							☐ Non-Teaching	☐ Teaching	g Number of 1	Beds	
Address	Street Add			City		C		7: 0	1		
Dates Employed: From			To	3		State Peacon for Leaving		Zip Co			
Specialty Unit(s) Worked in						· ·			Charge Experience?	□ Voc	□No
Position Held											
Facility Supervisor's Name and Title						_			SIIIIt WOLKEU		
Agency (If Applicable)										_ Ext _ Salary	
Agency (11 Applicable)		City			State		1 none (/		_ Salaty	
Facility							☐ Non-Teaching	☐ Teaching	g Number of 1	Beds	
Address											
	Street Add		_	City		State		Zip Co	ode		
Dates Employed: From						· ·					
Specialty Unit(s) Worked in									Charge Experience?	☐ Yes	☐ No
Position Held						•	eload				
Facility Supervisor's Name and Title								,		_ Ext	
Agency (If Applicable)		Cit			Ctata		Phone ()		_ Salary	

Additional Employment Profile



Name					First			Middle Initial		
Complete for previous ten yea	rs of employm	ent.								
Facility						☐ Non-Teaching	☐ Teaching	g Number of 1	Beds	
Address										
D-4 Ell. E	Street Address	Tr.	City		State		Zip Co	ode		
Dates Employed: From					0					
Specialty Unit(s) Worked in										☐ No
Position Held					-					
Facility Supervisor's Name and Title										
Agency (If Applicable)	City			State		Phone ()		_ Salary	
Facility						☐ Non-Teaching	☐ Teaching	g Number of 1	Pade	
J						I Non-Teaching	i reaciiiiş	g Number of i	oeus	
Address	Street Address		City		State		Zip Co	ode		
Dates Employed: From		To			Reason for Leaving					
Specialty Unit(s) Worked in					· ·					□ No
Position Held								0 1		
Facility Supervisor's Name and Title					· ·					
Agency (If Applicable)									Salary_	
ngency (II applicable)	City			State		1 none (/		_ building	
Facility						☐ Non-Teaching	☐ Teaching	g Number of 1	Beds	
Address										
	Street Address		City		State		Zip Co			
Dates Employed: From					· ·					
Specialty Unit(s) Worked in										☐ No
					Average Patient Case					
Facility Supervisor's Name and Title						Phone ()		_ Ext	
Agency (If Applicable)	City			State		Phone ()	=	_ Salary	
r. dv								. N 1 61		
FacilityAddress						☐ Non-Teaching	i leacning	g Number of 1	seas	
	Street Address		City		State		Zip Co	ode		
Dates Employed: From		To			_ Reason for Leaving					
Specialty Unit(s) Worked in					No. of Unit Beds			Charge Experience?	Yes	☐ No
Position Held					Average Patient Case	eload		_ Shift Worked		
Facility Supervisor's Name and Title						Phone ()		Ext	
Agency (If Applicable)	City			State		Phone ()		_ Salary	
I understand that any employment offers release of this application, reference infor I further give ATSP authorization to verify	are conditioned upo	n undergoing l information	a medical examina	ation, and if re	equired by the client, certain	n states or ATSP, a drug here I may be employe	screen and/or a d.	criminal background c	heck. I auth	orize the
providing this information. I certify the information provided in this result in immediate dismissal.	application and supp	porting docum	ents is true, correct	and complete	. Any misrepresentation, on	nission or falsification	of facts on the a	pplication or supporting	g documenta	ntion may
Signature								Date		