NATIONAL STAFFING ASSOCIATES, INC.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE ALL PAGES DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ – _____ – _____

Telephone (_____) _____

If under 18, please list age _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business. School				
Professional School				

MEDICAL LICENSE CERTIFICATION

Type of License/Certification: _____

Issuing Authority & Number: _____ EXPIRATION DATE: _____

Malpractice Insurance Carrier Name, Policy #, Expiration Date: _____

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DO YOU HAVE A DRIVER'S LICENSE? ❑ Yes ❑ No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Please list two references (Only Professional or Education References will be accepted)

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

_____ _____

Telephone (____) _____ Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ❑ Yes ❑ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ❑ Yes ❑ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? ❑ Yes ❑ No

Did you complete this application yourself ❑ Yes ❑ No

If not, who did? _____

NATIONAL STAFFING ASSOCIATES, INC.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by National Staffing Associates, Inc.(hereinafter called **"NSA"**), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **NSA**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /Vice President of the Company. Both the undersigned and **NSA** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that **NSA** may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give **NSA** permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that if (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, **NSA** may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, **NSA**, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with **NSA** shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

I hereby authorize **NSA** to request and receive from all prior employers within one year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reason for such termination.

Signature of applicant_____ Date: _____

National Staffing Associates, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

THE CULLEN ACT

In 2005, the New Jersey Legislature adopted the **Health Care Professional Responsibility and Reporting Enhancement Act (HCPRREA)** as a result of a nurse, Charles Cullen, who worked in several hospitals and intentionally caused the death of numerous patients.

Commonly known as the Cullen Act, it prohibits any health care entity in New Jersey from withholding certain information about current or former employees from another health care entity. Health care entities under the Cullen Act include health care facilities licensed pursuant to the Health Care Facilities Planning Act (which includes hospitals, diagnostic centers, treatment centers, rehabilitation centers, extended care facilities, nursing homes, home health care agencies, and residential health care facilities), HMO's authorized to operate under the Health Maintenance Organizations Act, carriers offering managed care plans under the Health Care Quality Act, and state or county psychiatric hospitals, state developmental centers, staffing registries, and home care services Agencies.

The HCPRREA mandates that health care entities must disclose the following information to prospective health care employers verifying current or former employment of licensed health care professionals:

- Reason for separation including if termination was voluntary or involuntary
- Provide work performance as it relates to patient care and suitability for future employment
- Is the health care professional eligible for re-employment by the health care entity
- During the previous seven years, was the licensed professional reported by the employer to a licensing agency.

A full copy of the HCPRREA is available at:

http://www.njleg.state.nj.us/2004/bills/pl05/83_.pdf

Please complete the attached employment verification as mandated by New Jersey state law.

Your prompt response is greatly appreciated.